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NATIONAL UNION OF THE AGING PEOPLE, INC. MEMBERSHIP LIST

MEMBERSHIP LIST FOR THE YEAR 1983 - List of the National Union of the Aging People, Inc. is being prepared for the purpose of providing a complete and accurate record of the membership of the organization for the year 1983. The list is being prepared for the purpose of providing a complete and accurate record of the membership of the organization for the year 1983.

Lacking issues

The following is a list of the issues that are lacking in the membership list for the year 1983. The list is being prepared for the purpose of providing a complete and accurate record of the membership of the organization for the year 1983.

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1983-06

NATIONAL COUNCIL ON AGING WANTS MORE SENIOR ADVOCATES

OTTAWA, OCTOBER 31, 1983 - Members of the National Advisory Council on Aging attending their Eighth Meeting at the Conference Centre on October 27 and 28, elected to pursue their activities along five priority areas. They will seek to establish a plan of action including intervention strategies in the fields of health, income, housing, education and communications, and monitoring of the follow-up to the Second Canadian Conference on Aging.

In her closing remarks to the meeting, President Yhetta Gold, stated: "Older persons must become a real political force if they want to be listened to and heard."

Regarding health, Council recommends that more efforts be directed to health promotion, better coordination between hospital and community services, and the development of a more positive attitude among health care providers. The Council also reiterated its complete support to a universal health care system.

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In the area of income, Council emphasizes the importance of an adequate maintenance system for all retired Canadians. As well, it deplores the fact that many seniors do not know all of the income sources available to them. Research is also needed on the cost of living of older Canadians in order to better understand how much life actually costs them.

Council members believe that older persons can enjoy an independent life only as long as community support services and a broad spectrum of housing alternatives are available to them.

Concerning education, Council estimates that pre-retirement programs must be evaluated. It also intends to make the media much more aware of the need to project a positive image of older Canadians.

Finally, the Council expects to be involved in the follow-up of the recommendations directed to its attention by the Second Conference on Aging, particularly those respecting advocacy, transportation and health promotion.

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Mr. Maurice Miron
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NEWFOUNDLAND

MR. ALEX COOPER is now a Board Member of the YMCA, furthering seniors' interests in this Association. He has been Director of the Newfoundland and Labrador Pensioners and Senior Citizens' Club in Grand Falls. Mr. Cooper is also active in service clubs and member of the Grand Falls Senior Citizens Chorale.

PRINCE EDWARD ISLAND

MRS. ANNA POWER is the Treasurer of the Silver Threads Senior Citizens' Organization in Souris, her hometown. She takes an active part in ensuring that older residents are transported to church, banks, etc. and are enabled to visit relatives occasionally. Mrs. Power taught school for 23 years and received a long service award from her provincial Department of Education in this respect.

NOVA SCOTIA

MR. CHARLES WALL is the President of the Sydney Steelworkers Pensioners' Club. He had a long career in the steel industry. For 47 years, he was an Executive for the United Steel Company and for 10 years, Vice-President of the United Steel Workers of America. Mr. Wall has been with the National Advisory Council on Aging since May 1980.

NEW BRUNSWICK

Vacant

QUEBEC

MRS. MADELEINE BÉLANGER has been responsible for le Service de pastorale des personnes âgées for the diocese of Trois-Rivières. She oversees programming, research, training and consultation services. For 25 years, she taught school in Trois-Rivières and Shawinigan both in public and private institutions. In collaboration with local groups, she was involved in leadership and training projects for senior citizens in her region.

MR. CHARLES DOUVILLE was Regional Director, New Horizons Program for the Province of Quebec from August 1972 to March 1983. Before he joined Health and Welfare Canada, he held several administration positions in a number of private companies. He participated in several T.V. and radio broadcasts in Quebec. He also contributed many articles on senior citizens in newspapers and journals.

MRS. YVETTE LÉVESQUE-BRUNET is Provincial President for the Association québécoise pour la défense des droits des retraités et pré-retraités (AQDR). As such, she was part of the Canadian delegation to the World Assembly on Aging which met in Vienna in July 1982. She has since been part of the Planning Committee for the Second Canadian Conference on Aging.

MR. PATRICE TARDIF is serving in several of the Committees of la FADOQ, federation of which he was President from 1978 to 1980. He was a member of the Canadian delegation who attended the World Assembly on Aging in 1982. A farmer in St-Méthode-de-Frontenac, he also founded there a Caisse populaire, was Mayor from 1939 to 1947 and was later elected County Reeve. He was also elected to the Provincial Legislature for Frontenac County for 12 years and was Minister of State for Agriculture for eight years. From 1952 to 1970 he served in the Quebec Legislature Council. Mr. Tardif is a member of the National Advisory Council on Aging since May 1980.

ONTARIO

DR. RORY FISHER is the Head of the Department of Extended Care of the Sunnybrook Medical Centre. He is also Coordinator of Geriatrics, Faculty of Medicine, University of Toronto and Professor, Department of Family and Community Medicine and Department of Medicine, University of Toronto. Second Vice-President of the Ontario Gerontology Association, he is Vice-President of the Canadian Society of Geriatric Medicine.

MRS. CHARLOTTE MATTHEWS is a member of the Committee on Learning for Older Adults, Canadian Association for Adult Education. From 1975 to 1979, she was a member of the Ontario Council on the Status of Women. She was the Coordinator of daytime courses for older adults at Lambton College in 1980 and worked as a Certified Medical Record Administrator early in her career. She attended the 1981 International Conference on Gerontology in Hamburg, Germany.

MR. WILLIAM STERN is Director of regions for the Canadian Society for the Weizmann Institute of Science Development Fund. He has much experience in managing and coordinating meetings and special events. He is an Executive Board Member of the St. Christopher House and of the National Association of Fund Raising Executives.

MANITOBA

MRS. YHETTA GOLD (President) is a Director of B.G. Housing Consultants. For 10 years, she was Executive Director of the Age and Opportunity Centre. She completed reports and studies, namely a report on social services delivery systems for the elderly and an analysis of the Gerontology Program for the Honolulu Medical Group. She lectured occasionally and sat on the Sub-committee on the Elderly, Law and Social Action Committee of the Canadian Jewish Congress. She is presently a Committee Member of the Centre of Aging of the University of Manitoba.

MRS. ALICE LABELLE is President of the Fédération des Aînés Franco-Manitobains and she represented that group to a Committee of the Association internationale francophone des aînés in 1980. A former school teacher and director, she has also participated in cultural, religious and educational organizations. Mrs. Labelle has been with the National Advisory Council on Aging since September 1980.

SASKATCHEWAN

MR. JAMES SANGSTER supports various community and seniors' activities in Regina. He is an active member of the Old Timers Club and he also assists with "Meals on Wheels". After nearly 40 years with the CNR, he was Labour Representative on the Workmen's Compensation Board from 1965 to 1972. Mr. Sangster has been with the National Advisory Council on Aging since April 1981.

ALBERTA

Vacant

BRITISH COLUMBIA

MR. CHUCK BAYLEY writes for the Vancouver Sun and other media on matters related to the aged. He was a member of the Canadian delegation at the United Nations World Assembly on Aging in Vienna in 1982. He has been part of the Planning Committee for the Second Canadian Conference on Aging. He has been elected Senior Citizen of the year and presented with an award by the B.C. Gerontology Association in April 1982. Mr. Bayley has been with the National Advisory Council on Aging since May 1980.

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1984-07

BUDGET EDGES IN THE RIGHT DIRECTION

OTTAWA, FEBRUARY 16, 1984 - Commenting Finance Minister Marc Lalonde budget, National Advisory Council on Aging's President Yhetta Gold declared: "We commend the government for having begun the process of improving pensions".

A better indexation of pensions and the maintenance of sufficient income for pensioners are part of the Council's priorities concerning the income of aging Canadians. The government is showing concern for those issues in taking into consideration the needs of today's pensioners and those of tomorrow's.

As new tax breaks for pension contributions are offered, it will allow Canadians to make better provisions for their retirement years. It may also prove to be an incentive for those who didn't think of it to plan their retirement. The new budget also

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recognizes the serious situation of Canada's current pensioners and provides more money for those in greatest need.

Those changes are but a beginning to ensure the well-being of the current old and the future old. "There is still room for improvement and though it is better than before, said Mrs. Gold, it is half as good as what older people asked."

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Français

1984-11E

LIBERAL CONVENTION DID NOT FOCUS ON SENIORS

OTTAWA, JUNE 19, 1984 - "Senior citizens were not the group to receive the most attention at the Liberal Leadership Convention", declared Yhetta Gold, President of the National Advisory Council on Aging (NACA). This Convention demonstrated the importance for seniors to participate in the political process if they wish to be recognized.

Prior to the Convention, Mrs. Gold sent a letter to each candidate inquiring about their position on a number of concerns expressed by seniors. She asked that candidates respond in their remarks to the delegates. In fact, the speeches paid lip service to the issues suggested but a lot of attention was given to women's issues. Is it because women represented 48% or so of the delegates ? If this is so, the small number of senior delegates might explain the lack of response from candidates.

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However, the candidates did address some of the issues dear to the Council. Every candidate but Eugene Whelan referred to the need to maintain the social security system and to improve pensions, especially for women. John Munro showed great concern about the economically underprivileged and the tragedy of unemployment for young and old alike.

Don Johnston pointed to the need to create opportunities for the elderly. He was also the only one to bring in a new dimension when he called for the fear of aging to be transformed.

John Turner and most candidates spoke in terms of "taking care" of the aged. In his acceptance speech, he declared that the state must provide medical aid and care facilities to the aged.

While commendable, these statements detract from the reality of seniors who, for the most part, live autonomously. Shouldn't politicians be more preoccupied with enhancing seniors' independence and their increased participation in the nation's business ?

1984-12E

Government
Publications

NACA WANTS ANSWERS FROM THE NATIONAL POLITICAL LEADERS

OTTAWA, JULY 11, 1984 - To publicize how much attention the national political leaders give seniors, the National Advisory Council on Aging (NACA) sent a letter to each of the leaders. The Council expects the leaders to respond during the campaign.

NACA has also sent a copy of this letter to organizations of seniors across Canada to encourage them and their members to be active in the campaign.

Yhetta Gold, NACA President, sent the following letter:

" There are 2.5 million Canadian voters over 65 years of age. They represent 10% of the total population. However, in terms of voters they represent between fifteen and twenty percent of the adult population. This proportion is expected to increase substantially. Today, one in ten Canadians is elderly. This will increase slowly over the next fifty years until one person in five will be elderly. This important segment of the adult population will be following closely the debate leading to the federal election on September 4, 1984.

Established in May 1980, the National Advisory Council on Aging (NACA) has a mandate to assist and advise the Minister of Health and Welfare Canada on matters relating to the quality of life of older Canadians. The 18-member Council also stimulates public discussion on aging through publications, meetings and conferences. NACA is of the view

that our senior citizens must be a functional, useful and integral part of Canadian society. Anything less must be unacceptable. To achieve this objective, seniors must be involved in the political process. Therefore, NACA would want to know how many seniors are candidates for your party ?

Though there are many issues affecting the well-being of seniors, the Council requests that you state your party's position on these specific issues:

- i) measures to facilitate the participation of seniors in the political process;
- ii) designation of resources to ensure illness prevention and health promotion;
- iii) provision of adequate funding to assure a continuum of care ranging from home support services to long term care;
- iv) adequate pensions for today's seniors;
- v) reforms to guarantee the purchasing power of the next generation of older citizens;
- vi) availability of housing options to suit the individual needs and preference of seniors.

The National Advisory Council on Aging will monitor the responses of each party and will report them to its constituency. "

1984-13E

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NACA URGES PARTY LEADERS TO SPECIFY WHAT SECURITY AND DIGNITY FOR SENIORS MEANS

OTTAWA, JULY 27, 1984 - Security and dignity for seniors were the two issues most often addressed by the three major political leaders at the national television election debates.

Prime Minister John Turner said that he would accelerate pension reform, improve survival benefits and spouse allowance in order to ensure a well-deserved security for seniors. He added that the maintenance of the health and social security system would be among the priorities of a new liberal government and that he aimed to give the elderly dignity in their retirement.

New Democrat Leader Ed Broadbent stated that the tax system is unfair; it gives advantages to the rich and retired persons must pay taxes on their meagre income. He mentioned that most of the aged who are poor are women and proposed to include housewives in the pension system.

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Progressive Conservative Leader Brian Mulroney declared that he would ensure dignity and economic security for our elderly. He added that the deficit penalizes seniors and that they should be protected against high interest rates.

They all agreed that economic problems should not be solved at the expense of seniors. Ed Broadbent warned his opponents that cutbacks should be specified before the election. He gave the example of British Columbia where cutbacks brought disaster to senior citizens programs.

As he had mentioned in his acceptance speech, Prime Minister Turner reiterated the need to care for the chronically ill. He also stressed that there is very little research done on aging.

Security is surely not a new theme but mention of dignity suggests that the leaders are starting to view older people not only as pensioners, but as people.

"The tone of the discourse was very general. It's unfortunate, said Yhetta Gold, president of the NACA. The Council had asked for the statements of each party's position on: seniors' involvement in politics; the designation of resources for health; funding for better care; the adequacy of pensions; guaranteeing seniors' purchasing power; and housing options."

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Publication

BRIAN MULRONEY RESPONDS TO NACA

OTTAWA, AUGUST 14, 1984 - At the outset of the electoral campaign, Yhetta Gold, President of the National Advisory Council on Aging (NACA) asked the three national political leaders to state their party's position on six issues of concern to the elderly. The Leader of the Progressive Conservative Party, Brian Mulroney has responded, indicating his party's position and commitments on four of these issues.

In reference to the designation of resources for health and funding for better care, he said:

"It is the policy of the Progressive Conservative party to make funds available to the provinces over and above present federal commitments under Established Programs Financing for specific programs such as illness prevention and health promotion, home care and other forms of community based health care delivery..."

"This additional money would be made available on a cost-shared basis according to the fiscal capacity of the various provinces. Moreover, we would also increase the federal government's investment in medical research with special emphasis on geriatric medicine."

On the adequacy of pensions and measures to guarantee seniors' purchasing power, he declared:

"First, we will broaden the income-tested Spouses Allowance Program so that all widows and widowers between 60 and 65,

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not just those whose spouses die after age 65 are eligible for the program. Second, we propose to seek provincial consent for a home-makers pension in the Canada and Quebec Pension Plans as recommended by the Parliamentary Task Force on Pension Reform. One feature of this would be increased Canada or Quebec Pension Plan benefits of up to \$144 a month for persons who reached age 65 after the C/QPP came into effect in 1966 and currently receive little or no C/QPP income. As soon as the fiscal situation permits, we also recognize the need to increase Guaranteed Income Supplement benefits for those still living below the Statistics Canada poverty line.

The Progressive Conservative Party accepts the recommendation of the Parliamentary Task Force on Pension Reform that future pensions and deferred pensions, earned after the effective date of legislation, should receive partial inflation protection. We believe a reasonable minimum standard is an annual adjustment equal to 60% of the change in the CPI up to a maximum annual adjustment of 8%. We would apply this to all plans under the federal Pension Benefits Standards Act and encourage the provinces to implement similar protection in their pension benefits standards legislation."

Mr. Mulroney requested further clarifications on seniors' involvement in politics and housing options. He indicated his willingness to consider these two issues.

Mrs. Gold was pleased to note that ten seniors stand as candidates for the PC in the upcoming election. She indicated in a follow-up letter to Mr. Mulroney that she would forward his letter to the media, some 300 seniors' organizations and other interested groups across Canada.

1984-15E

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OLDER WOMEN A PRIORITY

OTTAWA, AUGUST 17, 1984 - Older women should benefit from the next election because the national party leaders all promise to improve their condition. Since the economic status of both the current and the future old were addressed by the leaders at the Women's debate, the National Advisory Council on Aging anticipate action from the new government.

New Democratic party leader Ed Broadbent was the only one to give dollar figures to his declarations. He said he would double the Canada Pension Plan benefits and give homemakers half the credits under the plan, to become equal partners and beneficiaries with their working spouses.

Progressive Conservative leader Brian Mulroney declared that the matter of elderly women living in poverty should be addressed in the very highest priority at the next session of Parliament.

Prime Minister John Turner said his party will act and will implement the recommendations related to homemakers' pensions from the parliamentary task force on pension reform.

"Senior women are largely dependent on government benefits and it is time for action", said Yhetta Gold, President of NACA. She added, "In light of the commitments of the leaders, senior women have reason to be optimistic."

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1984-16E

NACA URGES IMMEDIATE FOLLOW-UP TO FEDERAL ELECTION

OTTAWA, SEPTEMBER 6, 1984 - As a follow-up to action undertaken during the federal electoral campaign, Yhetta Gold, President of the National Advisory Council on Aging (NACA) wrote to over 300 seniors' associations across Canada to encourage them to follow-up on the election as soon as possible.

In her letter, Mrs. Gold urges seniors and their associations to contact their newly-elected Member of Parliament prior to the next session of the House of Commons, which is expected to be convened sometime in October. In so doing, seniors should remind their new M.P. of the P.C. promises on the subjects raised by NACA during the campaign. These subjects are: seniors' involvement in politics; the designation of resources for health; funding for better care; the adequacy of pensions; guaranteeing seniors' purchasing power; and housing options.

This is the third letter NACA has sent to seniors since it launched its own "Listen to Me!" campaign in June 1984. "Listen to Me!" is a consultation process aimed at encouraging participation by seniors in decision-making.

The earlier letters sent by Mrs. Gold urged seniors to be active during the electoral campaign. Many seniors and seniors' associations have written to NACA to express their enthusiasm with "Listen to Me!" and to inform it of their activities during the campaign.

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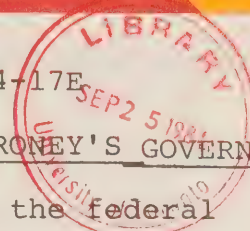
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1984-17E



NACA PROMOTES SENIORS' INTEGRATION IN MULRONEY'S GOVERNMENT

OTTAWA, SEPTEMBER 7, 1984 - The day after the federal election, the National Advisory Council on Aging (NACA) held its 11th meeting in Ottawa from September 5 to 7, 1984. The Council agreed to write a letter to the new Prime Minister, the Honourable Brian Mulroney seeking to have a meeting with him to discuss the Council's relationship to the new government and how the Canadian aged will be represented.

NACA was pleased to hear Mr. Mulroney reiterate his commitments toward seniors in his speech the evening of the election. The Council wishes to meet the Prime Minister in order to discuss seniors' representation to the new Government.

In order to ensure the integration of seniors into Canadian society and to prevent their further isolation, the Council recommends that each department of government should assume its appropriate responsibility for the elderly as for all Canadians. In this regard, it is the opinion of the Council that a separate ministry for the elderly should not be established.

This meeting will also enable the Council to speak of the letter sent by Mr. Mulroney to the President, Yhetta Gold on August 7, 1984. Members will be able to give him the clarifications he has requested about seniors' involvement in politics and housing options.

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Mrs. Gold commented: "Because of the importance of the senior population in Canadian society it is essential that we meet as soon as possible to discuss seniors' issues and ensure early action on electoral promises".

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1984-18E

NACA PREPARES FOR "LISTEN TO ME" CONSULTATIONS

OTTAWA, OCTOBER 22, 1984 - Planning for the National Advisory Council on Aging (NACA) "Listen to Me!" is proceeding well with a first series of meetings to take place in November 1984. "Listen to Me!" is an Action Plan launched in June 1984 to encourage seniors themselves to become part of the decision-making process.

Yhetta Gold, NACA President, emphasized "Listen to Me!" is not another study to identify needs and issues. Seniors know these. "Listen to Me!" is a discussion between seniors, industry representatives, government officials, professionals and other interested parties on the current process for dealing with issues.

In partnership with seniors' organizations meetings are being organized in five cities across Canada in November 1984. At these meetings, seniors will discuss their involvement in decision-making in three priority areas: health, shelter and income.

The first meeting will be held in Saskatoon on November 15-16, followed by Fredericton on November 19-20; Montreal, November 20-22; Vancouver, November 26-27 and finally Toronto, November 29-30.

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The meetings will ensure an exchange between seniors about decision-making, how they might become more involved and an exchange with officials, professionals and decision-makers to explain the intent of seniors.

Yhetta Gold reported "the initial response of senior citizens to "Listen to Me!" has been eager and we expect to bring together 80 to 120 seniors at each of these meetings as well as a number of decision-makers and professionals in the sectors we have selected for discussion". She also indicated that this first experience will enable NACA to plan for similar meetings with more seniors during 1985.

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1984-24E

NACA "LISTEN TO ME!", FIRST OF ITS KIND IN THE WORLD

OTTAWA, DECEMBER 12, 1984 - Members of the National Advisory Council on Aging (NACA) were pleased by their successful Action Plan "Listen to me" with seniors across Canada at their meeting at the Château Laurier on December 10-11, 1984. They were also encouraged by the productive meeting with the Minister of Health and Welfare Canada, Jake Epp.

"First of its kind in the world, "Listen to me" is a consultation process to have older people focus on decision-making and how they could get involved in this process, said Yhetta Gold, NACA President. It provides them with a "model" that can be used in their communities and their groups and organizations to assist them to get involved."

Meetings have been held in Saskatoon, Fredericton, Montreal, Toronto and Vancouver in November and December 1984. Because of the success of these consultations, the Council has decided to organize meetings in 5 other provinces in the Spring of 1985 so that all the provinces will have the opportunity to use that "Listen to me" process to address decision-makers.

One participant echoed what emerged at each meeting in saying, "There is strength in our numbers. If we are going to be effective decision-makers, we have to speak up and establish our credibility."

Mr. Epp invited the Council to advise him on the role of the family in an aging population. He also suggested a

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possibility of meshing "Listen to me" and a consultation on a seniors' benefits package.

The minister expressed his concern about aging being considered a problem. "For a long time, aging was considered as an illness or a disease, said Mrs. Gold. We have succeeded to the point where aging is a problem. NACA is determined to change this so that people will consider aging as normal - which it is."

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PROCEEDINGS
OF
"LISTEN TO ME!"

A Meeting held in
Saskatoon
November 15-16, 1984

A Program of
N A C A
[May 1985]



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PROCEEDINGS OF THE
"LISTEN TO ME!" MEETING - SASKATOON
NOVEMBER 15 AND 16, 1984

INTRODUCTION

The first of a series of meetings of the "Listen To Me!" consultative process was held at the Sheraton Cavalier Hotel, in Saskatoon, November 15 and 16, 1984. The meeting was chaired by Mrs. Thelma Scambler, a member of NACA. It was organized by the National Advisory Council on Aging (NACA) and by Canada Mortgage and Housing Corporation in cooperation with a local planning committee chaired by Mrs. Scambler. Members of the committee consisted of representatives from the Saskatchewan Seniors Association Incorporated, the Senior Citizens "Action Now" Association, the Senior Citizens Provincial Council, the Saskatchewan Seniors Bureau and the New Horizons program of Health and Welfare Canada.

The theme of the meeting is the "involvement of elderly Canadians in the decision-making process". Its purpose was to provide seniors with the opportunity to study decision-making and the involvement of seniors in these processes. As Thelma Scambler said at the news conference following the meeting "Our goal is to make seniors more effective in making the changes they want".

About 65 seniors took part in the Saskatoon meeting. They came from communities across the province and represented a variety of cultures and backgrounds. Some 25 decision-makers joined them at one of the workshop sessions to discuss the involvement of seniors in decision-making. A complete listing of the participants is set out in Appendix A.

Participants at the Saskatoon meeting expressed the feeling that they were pioneers in a unique process which was encouraging seniors to become more involved in decision-making. This same feeling was picked up by Mrs. Yhetta Gold, President of NACA at the closing press conference when she said "that a new-old is emerging, one with different attitudes and one that could begin exerting more influence on policy-making".

Four other similar meetings have also been held since that in Saskatoon. These were held in Fredericton, Montreal, Toronto and Vancouver in the latter part of November and early December 1984.

OPENING PLENARY

The opening plenary was chaired by Mrs. Scambler. Greetings from the National Council on Aging were delivered by Mrs. Yhetta Gold, the President, who explained the background of the "Listen to Me!" consultative process and the purpose of the meeting in Saskatoon.

Greetings from the City of Saskatoon were delivered by Mr. John Brocklebank, the Deputy Mayor. The Minister of National Health and Welfare sent a telegram of greetings wishing the participants well in their deliberations which was read out to the meeting. Greetings from the Province of Saskatchewan were delivered by the Honourable Gordon Dirks, Minister of Social Services at the banquet that evening when the Minister addressed participants.

Following these preliminary remarks, the participants were briefed on the process to be followed at the meeting (see Appendix B for the agenda for the meeting).

WORKSHOPS

Six workshops were organized for the meeting. The process used in the workshops consisted of three-stages. Participants in each workshop were asked to select two-four topics as the basis for studying decision-making. The steps during the meeting were as follows:

- (a) seniors met together in small groups (8-10) to discuss decision-making in specific areas or topics they had selected;
- (b) decision-makers joined the participants for the second plenary to find out what happened in the first workshop session and to be briefed together with participants for the second workshop session;
- (c) then, each group of seniors met with decision-makers relevant to the topic and they discussed the involvement of seniors in decision-making;
- (d) finally, the seniors reconvened in the same small discussion groups to review their meeting with decision-makers and to reach a consensus on initiatives that seniors could or should take to ensure more adequate involvement.

The following summary by workshop sets out the substance of the discussions in the workshop for all three sessions.

Workshop 1: Prevention of Illness - Health Promotion

Participants selected improved nutrition and engaging in activities that promote health as the topics to study decision-making. They emphasized that all persons and organizations are responsible to prevent illness and promote health. Each sector has a role, should know its role and be willing to act. Individuals are not excluded from playing a role and looking after their well-being. As one participant remarked: "Every individual has the responsibility to look after his or her own health and to learn from the wide variety of information available".

With the exception of personal decisions on health, seniors are not involved in decision-making on health promotion or prevention. Seniors and their organizations are consulted by governments, but their involvement is not extensive. Seniors are not involved in the decisions of the private sector on production, distribution and marketing of foods; yet all Canadians are affected by these decisions. Participants identified several areas where they should get involved in decisions, e.g., to improve advertising of foods and the labelling of consumer products, to encourage the use of generic names for drugs, to improve education and information on nutrition, and to encourage participation by seniors in physical exercise and recreation to improve their lifestyles.

Discussions between the decision-makers and workshop participants were both useful and educational. Decision-makers stressed the importance of good health and nutrition to promote immunity from disease, identified quackery as detrimental to the health of seniors, emphasized the importance of an annual health check-up for older persons, and stressed the need to consult a doctor and to use good judgment before undertaking continuing physical activity.

In their final workshop session, participants identified several ways for seniors to become more involved in decision-making:

- to pressure the government in Saskatchewan to establish health clinics;
- to make representations to appropriate authorities to have them improve education and information on health promotion and disease prevention;
- to lobby governments at all levels on health promotion and disease prevention;
- to pressure the food industry to adopt techniques for the production and marketing of foods which serve to promote the health of consumers;

- to make representations to the Food and Drug Administration of Health and Welfare Canada to improve the labelling of food;
- to enlist the help of interested organizations in the community to support interventions by seniors to improve their health; and
- to encourage the proper training of recreation technologists and physical training instructors for seniors.

Workshop 2: Home Support/Community Support Services

In Saskatchewan, decisions on the delivery of home care to older persons are made by home care boards. Seniors on these boards are involved in these decisions but must operate within the bounds of regulations and financial budgets. Seniors using or requiring home care services have little input into the decisions made by the home care boards. Decision-makers said that these boards wanted seniors to nominate members and to make their views known. Decision-makers suggested that seniors should be more aggressive in their demands and continue to lobby to ensure that their needs for home care are being adequately met.

Participants were concerned how to intervene on behalf of seniors who need home care but will not apply because they resent being assessed. In this situation, seniors could make representations to Members of the Legislative Assembly, to the Senior Citizens Council, and to appropriate government departments and seek to have pressure applied to Home Care Boards to deal with this problem.

Seniors are personally responsible to prepare for their retirement. However, they need support from organizations that assist older persons prepare for retirement and they need to be encouraged to take such training. Seniors and seniors' organizations should ask organizations which provide retirement training to encourage seniors to participate. Senior centres could be asked to help older persons prepare for retirement, and pressure should be put on the management of these centres to ensure that they set up such programs.

Native organizations in Saskatchewan prefer to have native assessors of home care appointed to deal with their needs and those of the métis and non-status Indians where sufficient numbers justify this action. Native assessors better understand the needs of Natives and are better qualified to deal with their home care needs. Native participants wanted to know how to intervene to affect decisions pertaining to this question.

Decision-makers said that the Home Care authorities are aware of the problem and are currently taking steps to resolve the problem. Participants suggested to Native seniors that they should make representations to the appropriate governmental authorities in Saskatchewan.

Workshop 3: Shelter - Allowances, Repairs, Rent Supplements

Participants gave many examples of poor housing design i.e. bedrooms of inferior size, the lack of balconies, the use of inferior materials and poor workmanship. Seniors are not consulted in the design of their housing. Decision-makers agreed that they should be and that this should come at the planning stage and not following construction. For consultation with seniors to be effective, it is important that authorities inform seniors when projects are being planned. Seniors should lobby housing authorities to ensure they are informed in sufficient time to present their views. Seniors should try too to get appointed to boards, corporations and other organizations responsible for senior housing in order to get involved in housing decisions through these agencies. To prevent the use of inferior materials and poor workmanship, qualified seniors should ask to work with government inspectors during construction of housing. Seniors should also hold public meetings to present their views and concerns about their housing.

Seniors are rarely consulted when they require institutional care and have great difficulty affecting decisions. Curious anomalies arise, for example spouses can be separated when one requires care and the separation can be serious if the spouse requiring care is in an institution located away from the family home. Furthermore, spouses can be separated within an institution when one spouse requires a different level of care than the other. To try to get involved in decisions made by institutions, seniors should try to get appointed to coordinating committees and the boards of such institutions. Seniors and their organizations should also lobby the authorities in respect to problems in order to have them resolved.

Seniors in Saskatchewan were not consulted in setting the \$1,000 amount for the government allowance provided for home repairs, nor were they consulted on the terms and conditions of the program. Seniors and their associations should learn more about this program and get together to decide how to become involved in order to make changes in the program and in the amount of this allowance.

Workshop 4: Design of Senior Citizens Housing

Participants in this workshop stated that there was little involvement by seniors in decisions relating to the provision of care from levels 2-4 convenient to the home, the design of mechanical equipment for senior citizens housing, single-level access to senior citizens apartments, or the design of housing for Native seniors.

The workshop felt they should be involved in decision-making affecting each of the above areas. They described several ways by which seniors could become involved:

- Seniors should make their views known to those responsible for providing home care to seniors to try to influence their decisions on the quality of care and its delivery. They should also try to get seniors appointed to boards responsible for organizations providing care to influence decisions at this level;
- Seniors should make their views known to project planners on the mechanical design features of senior citizens housing;
- Seniors must become involved in decisions at the planning stage for single-level access apartments to try to increase their supply;
- Native groups should make representations to the Minister of Indian and Northern Affairs and to departmental officials on matters relating to the design of Native housing.

Workshop 5: Income Security - Earnings Exemptions

Seniors are only minimally involved in decisions relating to pensions. Decisions on private pensions are made by employers unilaterally or in consultation with unions. Decisions on public pensions are made by government with some consultation with the members of the public. Decisions which have been implemented are very difficult to change. Because seniors are so little involved in pension decisions, they become frustrated when their efforts to lobby governments and employers do not bear fruit.

Participants identified several barriers to the involvement of seniors in decision-making on pension reform: lack of knowledge on the sources of information, complexity of the programs and legislation, lack of information on how to get involved in decision-making and who should be approached, complexity of the decision-making process, differences in the approaches to decision-making and the kinds of decision-makers involved vis-à-vis private and public pensions, and the expense of getting involved particularly for seniors with low incomes.

Participants identified several ways for seniors to become involved and to influence decisions in the pension field, namely:

- to lobby educational authorities to get them to provide suitable education to persons in their earlier years on basic money management in order to impress on them the need to save and provide income for their future;
- to organize on a broader base and link up with organizations of younger persons to present a united and more effective voice to politicians responsible for making decisions on public pensions;
- to organize strong groups to make representations to federal politicians on the prospective policy changes to the universal old age security pension;
- to lobby employers and unions to improve private pension plans; and
- to make representations to the provincial pension regulatory authority to improve private pension plan legislation.

Workshop 6: Income Security - Single Elderly Women

Essentially, seniors and seniors' organizations are not involved in decisions affecting income security arrangements. Generally, seniors do not know who makes the decisions or how decisions are made in these areas. Seniors continue to make representations from time to time to Ministers responsible for the provision of income security but too often their efforts are without success.

Several barriers to seniors getting involved in decision-making were identified by participants; namely: not knowing how to get involved in decision-making; lack of relevant information; prevailing public attitudes against advocacy by senior groups which include a large number of females; provincial seniors organizations are not effectively using their members input in their representations; seniors and seniors organization fail to take action because they believe others are taking action.

Participants in the workshop identified several ways for seniors to get involved in decision-making:

- to provide provincial policy and planning departments with a list of income security concerns of older female Canadians, and analyses by senior groups of the implications of these concerns on their well-being;

- to use the Canada Pension Plan Advisory Committee, the National Advisory Council on Aging and other established organizations to advocate on their behalf;
- to establish advocacy groups and lobby for political action by preparing and presenting briefs, by writing letters, by consulting with politicians and bureaucrats;
- to arrange consultations on income security matters in Saskatchewan between the Minister of National Health and Welfare and representatives from provincial seniors' organizations;
- to establish liaisons with other groups having similar concerns and enlist their help in lobbying; and
- to seek the help of people in positions of power inside and outside the pension establishment willing to advocate on behalf of older female Canadians.

GUEST SPEAKERS

Support for the purpose and intent of the "Listen to Me!" meeting in Saskatoon was provided by the luncheon and banquet speakers. Considerable support was given by the Honourable Gordon Dirks, Minister of Social Services for Saskatchewan in his address at the banquet on November 15, 1984. He commended the National Advisory Council on Aging for taking the initiatives to encourage seniors to be heard and to get involved in decision-making and said "I'm pleased to see your desire to teach seniors how to become more effective advocates for themselves".

The Minister went on to examine how seniors can influence the decision-making process. He suggested that they should run for political office because more than ever before doors are opening for them. In this way, seniors could influence decision-making by electing seniors who are sensitive to the issues that concern elderly persons. He also suggested that seniors should use every possible means to lobby and influence decision-makers. The Minister concluded by saying "It seemed to me that it would be difficult for the Government to clearly appreciate Seniors' needs and concerns if it did not make every effort to provide all seniors, both organized and unorganized, with the chance to make their views known to us".

Mr. Herb Kindred, Dean of the Extension Department, University of Saskatchewan (Regina) discussed how the power of seniors had been organized and used recently to preserve the seniors' program at the University of Saskatchewan when it was threatened by budget

cuts. His example showed how seniors can use their organized power to reverse decisions affecting their well-being which seem to be irreversible.

CLOSING PLENARY

In his summary of the meeting, the chief rapporteur, Dr. Louis Skoll, Director of the Saskatchewan Seniors Bureau, identified some of the broad themes that emerged from the discussions, assessed the significance of the meeting for Saskatchewan and the rest of Canada and speculated on what the conference may mean for the future.

Three broad themes were identified during the meeting, namely:

- (a) That seniors are not a homogeneous group but rich in their diversity. They are active, articulate, concerned citizens who want to remain in the mainstream of society as respected, valued and contributing citizens to their communities. This is in sharp contrast to the negative stereotypes of seniors as "has-beens" with little to offer and dependent on society.
- (b) Seniors for the most part are not part of the decision-making process and are not sure who makes the decisions or how they are made. Seniors are usually passive recipients of decisions made by others. They are not sure who these "others" are.
- (c) Seniors realize that many of the issues they face are complex and need to be better understood. Accurate information is needed about existing programs and services. Education is needed to know how to define issues, to know what questions to ask and what answers should be forthcoming.

Dr. Skoll then went on to say that seniors face a choice. They can choose to be passive members in society, or they can choose to become actively involved in society. If they make the first choice, seniors will contribute to and reinforce the negative stereotypes of aging. On the other hand, if they take the second choice they will augment the power of seniors to bring about desirable changes through the individual and collective actions taken by seniors.

In conclusion, Dr. Skoll stated that the future is what seniors choose to make it. Either they can be passive and accept what is being done by others and the quality of life that results from their decisions, or, they can become active partners in decision-making and become agents for change. The very least that this conference has achieved is to point seniors in the direction of making their presence known and felt by decision-makers in Canadian society.

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SASKATOON

MEMBERS OF THE LOCAL PLANNING COMMITTEE

Thelma SCAMBLER, President, Local Planning Committee, NACA member
John A. ANTYMNIUK, Saskatchewan Seniors' Association Inc.
Ted AZEVEDO, Senior Citizens Provincial Council
Madeleine EINSEIDLER, "Action Now" Association
Harry T. MULLENS, Senior Citizens Provincial Council
Frances PETIT, "Action Now" Association
Louis SKOLL, Saskatchewan Seniors Bureau
Jim MILLER, Canada Mortgage and Housing Corporation
Norma WALLACE, New Horizons

MEMBERS OF THE SECRETARIAT

Francine BEAUREGARD, NACA
Margery BOYCE, NACA (DVA)
John CLARK, NACA
Marc DESROSIER, Health and Welfare Canada
Pierre LACROIX CMHC

GUEST SPEAKERS

Opening Plenary: Yhetta GOLD, NACA President
Banquet: The Honourable Gordon DIRKS, Minister of Social
Services (Saskatchewan)
Luncheon: Herb KINDRED, Dean, Extension Department, University of
Saskatchewan (Regina)

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SASKATOON

PARTICIPANTS

ANTYMNIUK, John
Saskatoon

ANTYMIUK, Rose
Saskatoon

BAUMAN, Cecile
Creighton

BECKER, Ernest
Kamsack

BIRD, Robert
Bal Gonie

BOOK, Mabel
Loreburn

BROTON, Arnold
Parkside

CHOBUTUK, Walter
Wakaw

CHURCHMAN, Wilfred
Regina

COBURN, Frank
Saskatoon

COLLEY, Ann
Saskatoon

EINSIEDLER, Madeleine
Saskatoon

EWANCHUK, Anna
Moose Jaw

FAVREAU, Resina
Tisdale

GILBERTSON, Isa
Vanscoy

GILES, Harry
Saskatoon

GREENGRASS, Edith
Saskatoon

HALL, Mildred
Regina

HANSON, Ward
Meacham

JENKEN, Marge
Saskatoon

LAVERDIERE, Paul
Gravelbourg

LAYTON, Anne
Regina

LEBLANC, Jeanne
Zenon Park

LEVERS, Mary
Saskatoon

LUKOWICH, Anne
Saskatoon

MANNING, Mary
Saskatoon

MARBLE, Frances
Saskatoon

MCMILLAN, Helen
Biggar

MEAKIN, John
Saskatoon

MIDDLETON, Reginald
Lucky Lake

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MILLER, Winnifred
Saskatoon

MORIARTY, Delila
Kamsack

NAYLOR, Betsy
Saskatoon

NIGHTTRAVELLER, Beatrice
Cutknife

PEDROTTI, Joe
Biggar

PELLETIER, Lea
Prince Albert

PICKETTS, Thelma
Asquith

PRATT, Lee
Saskatoon

ROBBINS, Wes
Saskatoon

ROWLES, Winifred
Saskatoon

RUTHERFORD, Chester
Saskatoon

SCOURFIELD, V.
Saskatoon

SLYWKA, Borisien
Vonda

STANLEY, Agnes
Regina

STORLE, Clarice
Lake Alma

SUTTON, William
Weirdale

WEAL, Robert
Meadow Lake

WILSON, Herbert
Hanley

WOG, Anne
Saskatoon

WOLFE, Noreen
Saskatoon

WORONIUK, Mary
Saskatoon

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SASKATOON

DISCUSSION LEADERS

<u>NAME</u>	<u>WORKSHOP</u>
ACTON, Jean Regina	5
AZVEDO, Ted Nipawin	1
PETIT, Frances Saskatoon	6
PHELPS, Eva Saskatoon	3
WHITBY, Willis Swift Current	4
WRIGHT, Edwin Sturgis	2

RAPPORTEURS

CLARK, June Saskatoon	4
GORDON, Beatrice Regina	1
HONE, Beth Lumsden	2
KNELLSON, J. Moose Jaw	5
PHILLIPS, Madge Unity	3
WALLACE, Norma	6

CHIEF RAPPORTEUR

SKOLL, Louis
Regina

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SASKATOON

DECISION-MAKERS

Peter ANDERSON, General Manager, Canada Mortgage and Housing Corporation, Saskatoon

Dianne BAIRD, Assistant Director, Rental Rural Housing, Sask. Housing Corp., Regina

Bonni BOYD, Head of Policy Analysis Research, Women's Secretariat, Government of Saskatchewan, Regina

Lila COMISKEY, District Director, Victoria Order of Nurses, Regina

John CRAWFORD, Clinical Assistant Professor, Department of Social and Preventive Medicine, Saskatoon

Ruth DAFOE, Social Worker, Sask. Seniors Bureau, Regina

Allan DOWNING, Architect, Saskatoon

Joan FEATHER, Member of Board of Directors, Saskatoon Home Care District #45, Saskatoon

Phil GAUDET, Executive Director, Home Care Program, Saskatoon

Signy HANSEN, Regional Director, Health Promotion, Health and Welfare Canada, Winnipeg

Don HOPKINSON, Director General, Income Security Programs, Health and Welfare Canada, Edmonton

Denis LOEPPKEY, Director of Loans and Grants, Sask. Housing Corp., Regina

Ed MARLEAU, Executive Director of Sherbrooke Community Centre, Saskatoon

Dorothy MARTENS, Public Health Nurse Consultant, Community Health Services Branch, Regina

Jean MACKENZIE, Chairperson, Sask. Coalition for Women's Pensions, Prince Albert

Dr. Lorna MEDD, Medical Director of the Community Health Unit, Saskatoon

Charles OLFERT, Architect, Aiken, Olfert and Wilson, Saskatoon

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A. PETROSOVITS, Policy Advisor, Health Promotion Directorate,
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Steve PETZ, Executive Director, Continuing Care Saskatchewan
Health, Regina

Donna RHODES, District Director, Victoria Order of Nurses,
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Lily TINGLEY, Policy Planning Research Division, Department of
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Jim WASYLENKO, General Manager, Housing Authority, Saskatoon

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**PROCEEDINGS OF THE
"LISTEN TO ME!" MEETING - FREDERICTON
NOVEMBER 19 AND 20, 1984**

INTRODUCTION

The second in a series of meetings of the "Listen To Me!" consultative process was held in Fredericton at Keddy's Motor Inn, November 19 and 20, 1984. The meeting was chaired by Mr. Henri Richard, a former member of the National Advisory Council on Aging (NACA). NACA together with the Canada Mortgage and Housing Corporation organized this meeting with the cooperation of a local planning committee whose president was Mr. Alexandre Savoie, a member of the Council. The committee consisted of representatives from the New Brunswick Senior Citizens Federation, the New Brunswick Society of Retired Teachers, the Consultative Committee for the development of programs for older persons in New Brunswick at the University of Moncton, the Canadian National Pensioners Association, the Canadian Legion, the Canada Mortgage and Housing Corporation, and the New Horizons program of Health and Welfare Canada.

The theme of this meeting is the "Involvement of elderly Canadians in the decision-making process". The meeting was designed to give seniors the opportunity to study decision-making and their involvement in this process. It was not intended to study problems and issues facing older Canadians nor to develop recommendations or resolutions.

Some 70 seniors from across New Brunswick attended the meeting. About 50 of them were members of about 25 seniors' organizations and groups in the province and about 20 of them were not affiliated to an organization. Some 23 discussion makers joined seniors at one workshop session (see Appendix A for list of participants).

The first meeting in this series was held in Saskatoon November 15 and 16, 1984 and the other three meetings were held in Montreal, Toronto and Vancouver in the period from November 21 to December 4, 1984.

OPENING PLENARY

The opening plenary was chaired by Mr. Henri Richard. He described the nature of the "Listen to Me!" consultation and the purpose and goals of the Fredericton meeting. Mrs. Charlotte Matthews greeted the participants on behalf of the Council.

Participants were greeted on behalf of the Province of New Brunswick by Mrs. Nancy Clark Teed, Minister of Social Services, and on behalf of the City of Fredericton by Mr. Ralph Turnbull, Deputy Mayor. A telegram offering his best wishes to participants for the success of the meeting was received from the Minister of National Health and Welfare and read to the meeting.

Following these opening remarks, participants were briefed by staff members of the conference secretariat on the procedures to be followed at the meeting (for program see Appendix B).

WORKSHOPS

There were six workshops held in Fredericton; three in English and three in French. The workshops consisted of a three-stage workshop process which incorporated the second plenary session:

- (a) seniors met together in small discussion groups (8-10) to discuss decision-making in specific areas or topics selected by workshop members;
- (b) decision-makers joined the participants for the second plenary session to find out what happened in the first workshop session and to be briefed together with senior participants for the second workshop session;
- (c) seniors met in the same groups with decision-makers who were familiar with the areas or topics selected by workshop members and both groups discussed the involvement of seniors in decision-making with respect to these topics;
- (d) finally, the seniors met again in the same small discussion groups to review the meeting with decision-makers in order to determine the initiatives seniors could or should take to ensure their involvement in decision-making.

The following summary of the discussions in each workshop covers the work done in the workshop for the three stages of the workshop sessions.

Workshop 1 - Quality of Life in Nursing Homes/Family Support (to (English) stay at home or to care for the elderly parent)

Participants and decision-makers in this workshop concluded that seniors had little input into decisions on the quality of care and admission requirements to nursing homes. These decisions are made by nursing home boards and the staff of the nursing homes. Seniors and their organizations can influence decisions by getting seniors elected to the boards of nursing homes, and by lobbying ministers, government officials and government advisory committees on the quality of care.

Decisions on sheltered housing are made by governments. There is little input into decisions by seniors or their organizations. Sheltered housing is poorly constructed and badly located and does not adequately meet the needs of seniors. Workshop members suggested that lobbying governments was the best way to affect decisions on sheltered housing.

Workshop 1 - Quality of life in Nursing Homes/Family Support (to
(French) stay at home or to care for the elderly parent)

The Boards of nursing homes make the decisions on quality of care and admission requirements for nursing homes. Seniors are members of these boards but their impact on decisions is not great. The provincial department of health recently set up accreditation criteria for nursing homes, but seniors were not consulted in the development of these criteria.

Seniors have little input into decisions on the quality of home care or in determining the areas where home care is provided. These decisions are made by governmental authorities. There is little consultation with seniors and seniors' groups on these matters.

Participants suggested that seniors can become involved in decision-making by attending municipal council meetings; and by making representations to these councils, lobbying governments, establishing links with other groups both seniors and non-seniors to present a strong and united voice; and by organizing groups to safeguard the rights of seniors. To improve the general environment, seniors and their groups can ask the provincial government to appoint a provincial advisory council on aging and to set up a ministry for senior citizens affairs.

Workshop 2 - Home Allowances (repairs, rent, home improvements)
(English)

Decisions affecting nonprofit seniors' housing are made by governmental authorities and by organizations involved with the supply of housing. Seniors are rarely consulted or involved in these decisions. Avenues for consultation are in place but seniors are not often aware of these.

Decisions to encourage seniors to stay in their homes and to provide services to enable them to do so are made by governmental authorities. There is little involvement with seniors in making these decisions.

Decisions by seniors to leave their homes and take up residence in senior's housing are personal, and so are decisions regarding the disposal of family assets (a home and/or land). In some cases, decisions are made in consultation with other family members.

Decision-makers in this workshop agreed that seniors are not being involved in decision-making and should be. Decision-makers said that avenues are in place to involve seniors but these are not being used because seniors are not aware that they exist. The lack of information on programs, services and facilities; and the communications gap between program operators and users of services were identified as obstacles restricting the involvement of seniors in decision-making.

Information on programs and services is available but is not always adequately communicated to seniors. This situation is partly the fault of seniors and their organizations for not seeking out information, and partly the fault of program administrators for not ensuring that this information is made available.

Workshop participants suggested a number of ways for seniors to get more involved in decision-making:

- Seniors should be appointed to advisory boards, such as local housing authorities;
- Seniors and their groups should make their views known to housing authorities on the design and location of senior housing;
- Seniors should lobby members of Parliament and members of the provincial legislature on issues affecting housing for seniors;
- Seniors should use organizations such as the New Brunswick Senior Citizens Federation to lobby for the improvement of services and programs to permit seniors to live in their own homes;
- Seniors should prepare and submit briefs to the appropriate governmental authorities about their concerns on housing;
- Seniors and their groups should promote the education of seniors on housing issues and on the process of decision-making;
- Seniors should use associations such as the New Brunswick Senior Citizens Federation as a clearinghouse for information on government programs and services;
- Seniors should lobby the New Brunswick government to establish an advisory council for senior citizens and to set up a special department on seniors citizens affairs;
- The New Brunswick Senior Citizens Federation should strengthen its links with government departments.

Workshop 2 - Home Allowances (repairs, rent, home improvements)
(French)

This workshop, which was held in French, covered the same ground as the English workshop. Participants agreed that the primary concern of seniors is to live in their own homes with support

and assistance to permit them to be secure at home. Seniors should be involved in decision-making to foster a sense of security which is so vital to their quality of life.

Actions suggested by participants whereby seniors can become more involved in decision-making, include:

- lobbying politicians and bureaucrats on housing concerns for seniors;
- identifying and enlisting seniors who are able to represent seniors at the decision-making level;
- becoming better informed on policies, programs and services related to senior citizens housing;
- broadening the mandate of the New Brunswick Senior Citizens Federation.

Workshop 3 - Employment Incentives (Earnings exemptions etc.)/
(English) Single Elderly Women and their incomes.

Decisions pertaining to pensions for single elderly women and tax exemptions are made by governments with little or no input from seniors or from seniors' groups. Seniors present briefs and make representations from time to time on pension issues and on property and income tax exemptions. Their efforts so far have had little effect.

Decision-makers in the workshop explained the process used to make decisions and explained who are involved in decision-making. Decision-makers said seniors should submit briefs to responsible ministers and to government officials on income issues which are of concern to seniors.

Workshop members suggested several actions seniors could take to become more involved in decision-making, namely:

- to use key persons in government as contacts for problems;
- to try to have seniors appointed as members of important boards and committees;
- to join with other groups of seniors to plan involvement in decision-making;
- to encourage seniors to appeal assessments of property and income tax;
- to lobby ministers and government officials using all means possible;

- to enlist the help of non-senior groups in the community especially from the business sector;
- to use the media and public relations more effectively;
- to promote the education of persons entering the labour force and those nearing retirement age on matters relating to pensions.

Workshop 3 - Employment Incentive (Earnings Exemptions etc./
(French) Single Elderly Women and their Incomes)

Members of this workshop expressed concern about the inequities of the tax and income security systems. They said these inequities create an incentive to make false declarations, and are unfavourable to elderly single women as compared to couples and to poor persons as compared to persons with higher incomes. Decisions in these areas are made by politicians and government officials. Seniors and their organizations are not consulted, and have tried to get involved but so far have had little influence on decisions.

Decision-makers in the workshop told participants how decisions are made, and said that politicians are favourably influenced by pressure groups. They told participants that they should not wait for the government to consult but should join with other groups, take responsibility for their actions, develop expert groups and make representations to governments. Seniors should keep informed on changes in government operations, and recruit older persons with knowledge of government operations to help them be more effective in influencing decisions. Communications should be improved between seniors and persons of authority who often are not aware of the needs of older persons. Seniors should try to raise the consciousness of the public on issues of concern to older persons. They should try to be part of the solution and not of the problem.

Workshop members suggested several ways that seniors could become more involved in decision-making:

- (a) Seniors should organize to improve their influence on decisions. This will involve enlisting seniors who know the ropes politically, learning how to write letters, searching out information, keeping informed, and questioning politicians on decisions which affect seniors.
- (b) Seniors should use public relations and the media more effectively to publicize their needs. This will involve using community television, creating radio and television programs for seniors, having a special section in the newspapers for seniors, discussing their concerns with members of the media, and so on.

- (c) Seniors should try to improve their influence on decisions by supporting the election of seniors to boards, advisory committees and other private decision-making bodies; by participating in political parties; and by seeking the help of persons with considerable political influence in government to defend their interests (e.g. Stanley Knowles, Senator Croll).

GUEST SPEAKERS

Dr. Noel Kinsella and Madame Delaney-LeBlanc spoke to participants on the involvement of elderly Canadians in decision-making. Each speaker addressed the subject from the perspective of their own personal background and experience in the field of aging. Dr. Kinsella addressed the banquet on November 19, while Madame Delaney-LeBlanc spoke at the luncheon on November 20.

Dr. Kinsella said that in today's society with its political, social, cultural and economic crises, seniors have a responsibility to contribute to the welfare of society. Seniors are well equipped to contribute because they have seen and experienced more social change during their lives than any other group today.

Even though no one questions the right of seniors to participate in society, the reality of the situation shows that seniors are not involved to any great extent in the development of policies and programs which affect their well-being. Given the nature of older Canadians, it is unlikely that they will use violent and drastic means to become involved in decision-making. Nevertheless, seniors are unlikely to continue to accept the current situation and will use other means to influence decisions. Seniors can have considerable impact on decisions made by governments if they chose to become more involved. In fact, as a growing proportion of the population, they have the necessary numbers to impress governments with the urgency of their needs and concerns. If seniors are to be accepted as partners in decision-making, politicians, civil servants and professionals will have to be educated about their involvement; indeed, older persons themselves will need to be taught that they should participate more.

Dr. Kinsella said that involving seniors in decision-making must continue and be encouraged, if the situation of older persons is to be improved. He concluded by emphasizing the importance of participation by senior Canadians in decision-making, not just immediately but also for the future. This participation is most important today when social programs are being questioned by governments and by members of the public.

Madame Delaney-LeBlanc compared the involvement of women and of senior citizens in decision-making. A great deal has to be done to dispel the myths and stereotypes associated with both groups

and to present members of both groups in their true light. On the other hand, older persons are generally not involved in decision-making, and decision-makers are not aware of their concerns and interests. Furthermore, the population at large is not fully informed about the financial, health, housing or transportation problems of seniors or women.

Because seniors and women are not effectively involved in decision-making, the talents and abilities of older persons and of women are not used by society and society is worse off. Canadians cannot afford to let these talents and resources go to waste.

Madame Delaney-LeBlanc suggested three possible actions to permit senior citizens to become more involved in decision-making, namely:

- (a) to promote the setting up a provincial ministry of senior citizens' affairs;
- (b) to pressure the government to set up a provincial advisory council on aging for consultation and to conduct research and discuss services with the various operating departments;
- (c) to seek out and use the power and expertise of retired decision-makers who have connections with government and knowledge of decision-making and understand how decision-makers can be influenced.

In closing, Madame Delaney-LeBlanc stressed the need to develop inter-generational understanding and to promote a spirit of empathy and solidarity among young and not-so-young people towards older Canadians. She quoted Louise Dulude in her paper "Women and Aging" who stated "in growing old we didn't change much, it is the others, the people around us, who stop treating us normally".

CLOSING PLENARY

The Chief Rapporteur, Mrs. Berdie Darrah, presented an overall summary of the meeting. This summary is set out in the following paragraphs.

Participants at this meeting noted that they are only involved to a minor extent in decisions made by others in society. As a general rule, decision-makers are not concerned with consulting older persons and will only consult if they are under pressure to do so. Often, decision-makers are not aware that seniors should be involved.

Participants also noted that seniors are able to contribute to the good of society and to the needs of older persons because they have the knowledge and experience to make meaningful contributions. Seniors include among their ranks former decision-makers who know how decisions are made and can provide advice to seniors and their groups on how to get involved in decision-making.

Problems and issues facing seniors are often complex and difficult to deal with; as are the underlying programs and services. Often, the very complexity of the process and programs is the reason given for not getting involved. This tendency not to get involved is reinforced by the apparent lack of relevant information. It should be noted, however, that information is normally available and can be found if seniors chose to search for it.

Another obstacle to getting involved is poor communications between seniors and decision-makers. Decision-makers are often not aware that seniors should be or want to be involved in decision-making. On the other hand, seniors are not forceful enough in making their views known. Communications can be improved but seniors must take initiatives to open up lines of communications with those who make the decisions.

Furthermore, seniors know very little about the process of decision-making and how to get involved. Seniors may not want to get involved because the processes are too complex, or because there are so many factors influencing decisions that it is difficult to determine how seniors fit in or are likely to be influential.

Finally, seniors may not know the specific techniques that can be used to influence decisions. Participants suggested many techniques that seniors could use in order to become more involved in decision-making. These are:

- (a) seniors should become actively involved in seniors' organizations at the local, provincial and federal levels; and should advocate on issues and concerns affecting their well-being;
- (b) seniors should try to get appointed to decision-making bodies (i.e. boards, committees, commissions);
- (c) senior groups should join with groups of non-seniors to bring more pressure to bear on their representations;
- (d) seniors should listen and learn and grow as society changes and learn how to deal with changing needs in a changing society; one of the participants at the meeting said "yesterday's answers do not apply to today's questions";

- (e) seniors should try to find key persons within government and other organizations to speak on their behalf;
- (f) finally, seniors and seniors' groups should become familiar with the usual techniques of becoming involved such as: presenting briefs, seeking interviews with decision-makers, organizing letter-writing campaigns; seeking the help of the media.

The meeting closed with remarks by Mrs. Charlotte Matthews and Mr. Henri Richard, the Chairperson.

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FREDERICTON

MEMBERS OF THE LOCAL PLANNING COMMITTEE

Alexandre J. SAVOIE, President, Local Planning Committee NACA member

Edna BOURQUE, New Brunswick Senior Citizens Federation

Arden E. DOAK, New Brunswick Society of Retired Teachers

Ruth HARRIS, New Brunswick Senior Citizens Federation

A.W. LEBLANC, Canadian National Pensioners Association

Arthur R. MACFARLANE, Canadian Legion

Bernard RICHARD, New Brunswick Senior Citizens Federation

Sr. Anne ROBICHAUD, Consultative committee for the development of programs for older persons in New Brunswick at the University of Moncton

Blair BOURGEOIS, New Horizons program of Health and Welfare Canada

Michael DALEY, Canada Mortgage and Housing Corporation

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FREDERICTON

PARTICIPANTS

ALBERT, Corine
Edmundston

BOURGEOIS, Blair
Shediac Bridge

BOURQUE, Yvonne
Bathurst

BREEN, Bobbie
Moncton

CARPENTER, Katherine
Fredericton

CARR, Willis
Saint John

CORMIER, Marguerite
Sainte Marie de Kent

DARRAH, Kenneth
Chipman

DESPRÉS, Dorice
Cocagne

DONAHER, Isabel
Chatham

DUGUAY, Germaine
Lamèque

FLANAGAN, Mary
Chatham

FRENCH, Douglas
Moncton

GALBRAITH, Mary
Saint John

GALLIEN-CHIASSE, Délie
Shippagan

GARRETT, Blanche
Campbellton

GODIN, Dina
Notre Dame des Erables

HANSEN, Ejnar
Woodstock

HARRIS, Ralph
Saint John

HARRIS, Ruth
Saint John

HAYES, Avela
Nash Creek

HINTON, Bernice
Bathurst

KEOUGHAN, Pat
Chatham

LANGIS, Ernest
Cocagne

LEACH, Frances
Red Bank

LEBLANC, Alfred
Dieppe

LEBLANC, Arthur
Moncton

LEBLANC, Régis
Dieppe

LEBRETON, Gérard
Moncton

LEE, Violet
St. Andrews

LÉGER, Henri
Barachois

LOVELY, John
Florenceville

LUCE, Dora
Bathurst

MACDONALD, Malcolm
Saint John

MACFARLANE, Arthur
Moncton

MACRAE, Chester
Fredericton

MACVICAR, Wendell
Chipman

MCGOWAN, Constance
Le Preau

MCLAUGHLIN, Gladys
St. Stephen

MELANSON, Opal
Bathurst

MICHAUD, Irène
Bouctouche

MICHAUD, Lea
Edmundston

MILLER, Rev. Reg.
James Park

O'TOOLE, Margaret
Nelson Miramichi

OUELLETTE, Marie-Anna
Edmundston

PETERS, William
Moncton

RICHARD, Huberte
Moncton

ROBICHAUD, Bella
Ste. Anne de Kent

ROUSSEL, Estelle
Le Goulet

ROUSSY, Florence
Bathurst

SAULNIER, Édouard
Moncton

SMITH, Selma
St. Stephen

SORMANY, Marcel
Edmundston

THÈRIAULT, Fabiola
Bertrand

VAUTOUR, Sara
Cap Pele

VIENNEAU, Leo-J.
Shediac

WHITE, Mont
Bathurst

WILSON, Earl
Moncton

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FREDERICTON

DECISION-MAKERS

ALBERT, Maurice
Operations Manager
New Brunswick Housing Corporation
Fredericton

ALLEN, Neil
City Councillor
Fredericton

BAGLEY, Richard
RRAP Coordinator
Neighbourhood Improvement Centre
Fredericton

BOURQUE, Lorraine
Senior Nursing Consultant
Department of Health
Fredericton

BRUN, Lilian
Nurse-in-Charge
Victorian Order of Nurses
Moncton

DALEY, Michael
Program Coordinator
Canada Mortgage and Housing Corporation
Saint John

DUPUIS, Nap
Executive Director
New Brunswick Association of Nursing Homes
Fredericton

FERGUSON, Conrad
Actuary and Director
Assumption Mutual Life
Moncton

FERGUSON, Dr. Gordon
Director
Extra-Mural Hospital
Fredericton

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HANNA, Colleen
Department of Recreation
Fredericton

LEBLANC, Pierre
Assistant Director
Nursing Home Services
Fredericton

LEVESQUE, J E.
Acting Senior Program Consultant
Department of Social Services
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LEVESQUE, Roger
Provincial Director, Social Assistance
Department of Social Services
Fredericton

MACLAGGAN, Robert
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Fredericton

MCCORY, Jim
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Health and Welfare Canada
Fredericton

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Nursing Consultant
Nursing Home Services
Fredericton

MCLEAN, Ernest
Owner and Manager
Galaxy Development
Fredericton

PATTERSON, Ron
Second Vice-President
New Brunswick Association of Nursing Homes
Gondol Point

PICKLE, Norma
Senior Program Consultant
Department of Social Services
Fredericton

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POULIN, Bernard
PSS, Acting Regional Director
Social Services
Bathurst

ROBICHAUD, Marc
Manager,
Group Pensions
Assumption Mutual Life
Moncton

ROUSHORNE, John
Executive Director
Department of Labour and Human Resources
Fredericton

ROY, M.G.
Chief, Client Services
Health and Welfare Canada
Fredericton

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FREDERICTON

DISCUSSION LEADERS

DAVIDSON, Dr. Warren
Moncton

MABEY, Robert
Saint John

LAFRANCE, Gérard
Fredericton

PRESTON, Lorne
Moncton

LEBLANC, Ronald
Moncton

ROBICHAUD, Sister Anne
Moncton

RAPPORTEURS

BOURQUE, Edna
Moncton

DOUCETTE, Nicole
Moncton

BURSEY, Louis
Tide Head

POIRIER, Donald
Moncton

DOAK, Arden
Fredericton

ROGERS, Dr. R.M.
Saint John

CHIEF RAPPORTEUR

DARRAH, Berdie
Chipman

NACA SECRETARIAT

Pat BROWNLOW, Health and Welfare Canada
John CLARK, NACA
André LeBLANC, NACA
Margery BOYCE, NACA/DVA
Cathy BONNAH, Consultant (Housing)

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**FREDERICTON MEETING OF
THE NATIONAL ADVISORY COUNCIL ON AGING
"LISTEN TO ME!" CONSULTATIVE PROCESS**

Theme: Involvement of Elderly Canadians in Decision-Making

Keddy's Motor Inn
Fredericton, N.B.

Monday and Tuesday
November 19-20, 1984

P R O G R A M

MONDAY, NOVEMBER 19

Afternoon

Registration 12:30 - 2:00 p.m.

Opening Plenary Pine Room 2:00 - 3:00 p.m.

Chair Henri Richard

- 1) Opening Remarks - Charlotte Matthews, Member of NACA
- 2) Greetings - Hon. Nancy Clark Teed, Minister of Social Services
Ralph Turnbull, Deputy Mayor, Fredericton
- 3) Instructions to participants - NACA staff

Exercise Break: 3:00 - 3:15 p.m.

Juice and Fruit Break 3:15 - 3:30 p.m.

Workshops (concurrent in English and French) 3:30 5:00 p.m.

Workshop 1 - Topic: Quality of Life in Nursing Homes/Family Support
(to stay at home or to care for the elderly parent)

(English) Discussion Leader Dr. Warren Davidson
Rapporteur Dr. R.M. Rodgers

(French) Discussion Leader: Sr. Anne Robichaud
Rapporteur: Donald Poirier

Workshop 2 - Topic: Home Allowances (repairs, rent home improvements)

(English) Discussion Leader: Lorne Preston
Rapporteur: Louis Bursey

(French) Discussion Leader: Gérard Lafrance
Rapporteur: Edna Bourque

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Workshop 3 - Topic: Employment Incentives (Earnings exemptions etc.)/
 Single Elderly Women and their incomes
 (English) Discussion Leader: Robert Mabey
 Rapporteur: Arden Doak

(French) Discussion Leader: Ronald LeBlanc
 Rapporteur: Nicole Doucette

Evening

Cash Bar - Pine and Elm Rooms 6 30 - 7 30 p.m.

Banquet - Pine and Elm Rooms 7 30 p.m.

Address Theme Involvement of Elderly Canadians in
 Decision-Making

Chair Charlotte Matthews

Guest Speaker: Dr. Noel Kinsella, Executive Assistant
 to the President St Thomas University,
 Fredericton, New Brunswick

Presenter: Henri Léger

Thanks: Régis Leblanc

TUESDAY, NOVEMBER 20

Morning

Exercise Session 7 30 - 7:45 a.m.

Registration for Decision-Makers 8:00 - 9:00 a.m.

Plenary Pine Room 9:00 - 10:00 a.m.

Chair Henri Richard

1) Greetings Charlotte Matthews

2) Rapporteurs - Report on the first session

3) Instructions to participants and decision-makers: NACA staff

Exercise Break: 10:00 - 10:15 a.m.

Juice and Fruit Break 10:15 - 10:30 a.m.

Workshops (as for the first session) 10:30 - 12:00 p.m.

Luncheon Pine and Elm Rooms 12:00 - 1:30 p.m.

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Address Theme: Involvement of Elderly
Canadians in Decision-Making

Chair: Charlotte Matthews

Guest Speaker: Madame Madeleine Delaney-LeBlanc,
Chairperson, New Brunswick Advisory Council
on the Status of Women

Presenter: Corinne Albert

Thanks: Florence Roussy

Afternoon

Workshops (as for the first session)	1:30 - 2:45 p.m.
Evaluation	2:45 - 3:00 p.m.
Exercise Break:	3:00 - 3 15 p.m.
Juice and Fruit Break	3:15 - 3 30 p.m.
Closing Plenary Pine Room	3:30 - 4:30 p m.

Chair: Henri Richard

- 1) Rapporteurs: Reports on the Workshops
- 2) Chief Rapporteur: Berdie Darrah
- 3) Closing Remarks: Charlotte Matthews
Henri Richard

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PROCEEDINGS
OF
"LISTEN TO ME!"

A Meeting held in
Montreal
November 21-22, 1984

A Program of
N A C A

MAY 1985



Government
of Canada

Gouvernement
du Canada

National Advisory
Council on Aging

Conseil consultatif national
sur le troisième âge

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PROCEEDINGS OF THE
"LISTEN TO ME!" MEETING - MONTREAL
NOVEMBER 21 AND 22, 1984

INTRODUCTION

The third meeting in the "Listen To Me!" consultative process was held in Montreal, November 21 and 22, 1984 at the Centre Montfortain, 4300 Bossuet Street, East. The meeting was chaired by Mrs. Yvette Brunet, a member of the National Advisory Council on Aging. It was organized by the Council and Canada Mortgage and Housing Corporation in cooperation with a local planning committee. Members of the local planning committee, which was chaired by Yvette Brunet, consisted of representatives of l'Association québécoise pour la défense des retraités et pre-retraités, la Concertation des associations des retraités du Québec, la Fédération des aînés du Québec, la Fédération de l'Âge d'Or du Québec, the Senior Citizens' Forum of Montreal, the West Island Senior Enterprises, Canada Mortgage and Housing Corporation and the New Horizons Program of Health and Welfare Canada.

The theme of the Montreal meeting is "the involvement of elderly Canadians in the decision-making process". The purpose of the Montreal meeting was to provide seniors with the opportunity to study decision-making and the involvement of seniors in this process. The meeting was not designed as a study of the problems and issues facing older Canadians, nor was it held to develop recommendations or resolutions.

About 85 seniors participated at the Montreal meeting. Most of them came from Montreal and region while the remainder came from other parts of the province. Almost all the participants were members of seniors' clubs and associations or organizations concerned with seniors, about 30 in total, while the rest were not affiliated to any organization. All came from a wide variety of backgrounds largely from the francophone and anglophone communities with a small number from ethnic groups. Participants were assisted by persons who make decisions in their everyday occupations. Some 25 of these decision-makers joined participants at one of the workshop sessions to discuss and examine the involvement of seniors in decision-making. (See Appendix A for list of participants.)

Four other meetings in this series were held in Saskatoon, Fredericton, Toronto and Vancouver over the period from November 15 to December 4, 1984.

OPENING PLENARY

The opening plenary was chaired by Mrs. Yvette Brunet. Mrs. Yhetta Gold, the President of the Council, brought greetings from the Council, explained the background of "The Listen to Me!" consultative process and outlined the purpose and goals of the Montreal meeting.

Greetings from the federal government were delivered by Mrs. Gabrielle Bertrand, M.P., the Parliamentary Secretary to the Minister of National Health and Welfare. The Minister sent a telegram offering his best wishes for the success of the meeting. Greetings from the City of Montreal were delivered by Mr. Rocco Lucciasano, Deputy Mayor.

Following the opening remarks and greetings, the participants were briefed on the process to be followed at the meeting (see Appendix B for the program).

WORKSHOPS

There were eight workshops in Montreal, two were in English and the other six in French. The workshops were conducted using a three-stage process which incorporated the second plenary session:

- (a) seniors met together in small discussion groups (8-10) to discuss decision-making in relation to three to four specific areas or topics which members selected;
- (b) decision-makers joined the participants for the second plenary session to find out what had happened in the first workshop session and to be briefed together with senior participants for the second workshop session;
- (c) then, seniors met in the same groups with decision-makers who were familiar with the topics being examined in the workshop and they discussed the involvement of seniors in decision-making with respect to these topics;
- (d) finally, the seniors met together in the same small discussion groups to review their discussions with decision-makers and to arrive at a consensus on the initiatives that seniors could or should take to ensure more involvement by them in decision-making.

The summary of the discussions for each of the workshops set out in the following sections covers the work done in the workshops by senior participants for the three stages of the workshop sessions.

Workshop 1 Promotion of Health (French)

Workshop members noted that decisions are made by governments, professionals, manufacturers and others with respect to the four topic areas selected by the workshop: health promotion through education, abuse of drugs, nutrition and mental health. Workshop members said that there is little or no consultation with seniors in any of these areas.

Decision-makers stressed the importance of total health for seniors. They said that seniors are consulted or involved in decision-making to an extent, but they should try to be consulted more and to be more involved in decision-making. Involvement should cover all aspects of decision-making: design, planning, consultation, application and implementation.

Participants suggested several techniques that seniors could use to become more involved in decisions, namely:

- (a) seniors should learn to lobby effectively, and try to ensure that their influence is felt wherever decisions are made;
- (b) large seniors' associations should educate smaller groups on how to get involved in decision-making;
- (c) seniors' associations should represent the views and concerns of economically disadvantaged seniors and other seniors who cannot speak for themselves;
- (d) interventions to influence decisions should be well prepared and researched, if they are to be effective.

Workshop 2 Prevention of Illness (English)

Workshop participants concluded that there was little or no consultation with seniors on any of the three topics selected by the workshop: personal security of seniors on the streets, media involvement in improving nutrition for seniors, and access to good emergency health care. In all of these areas, decisions are made by others. Had seniors been consulted, participants felt that there would have been more improvements benefiting seniors in all of these areas.

Decision-makers advised participants how decisions are made in the health care and health promotion fields. One decision-maker stressed the importance of making positive recommendations rather than negative criticisms; and suggested the importance of enlisting the support of influential groups within organizations, such as women's auxiliaries in hospitals, to help seniors in their efforts to participate in decision-making.

The fundamental decisions relating to personal security on the streets have to be made by individual seniors. Seniors should take reasonable precautions, meet with other seniors to share their experiences, and discuss ways that their personal security can be safeguarded and the general safety of their living environments improved. It is up to seniors to cooperate with others in the community such as the police, postmen and neighbours. Seniors and their organizations should make representations to local authorities to improve lighting, maintain and repair sidewalks and roads, and keep these clear of ice and snow.

Seniors and their organizations should approach food manufacturers with positive suggestions to improve the nutritional status of seniors such as using smaller packages, larger print on the content descriptions and appealing packaging for nutritious foods; and producing foods without salt. Seniors can ask the media to help put their views across on the marketing of nutritious foods and the misuse of harmful drugs. To improve education on nutrition, the assistance of governments and the media should be sought. Representations could be made to have nutritionists appear on English television in Montreal. A suggestion was made to have spot messages put on television dealing with good nutrition similar to those used for "Participation".

While good emergency health care is available, situations occur where the quality of health care is poor. Seniors, who find themselves involved in such situations, generally can do little on their own to improve their care. Very often, too, they are not able to contact others for assistance. Several suggestions were made by workshop members to enable seniors to get more involved in decisions relating to the delivery of good emergency health care. They should complain about and document poor services, make representations to the Minister and invite the Minister to visit the offending facility, talk to the hospital board and get their complaints put on the agenda, have seniors stand for election to hospital boards, enlist the help of women's auxiliaries in hospitals, ask the media to help, go public by writing letters, and educate the public on what seniors should receive as good emergency health care.

Workshop 3 Incomes of Older Women (French)

The three topics selected by the workshop members were: pensions for single elderly women (including widows age 60 and over), public and private pensions for widowed housewives who are not in the labour force, and property tax and income tax exemptions. For all of these topic areas, decisions are made by governments; for private pensions employers are also involved. There is little consultation with pension contributors and beneficiaries on pensions and with seniors on tax exemptions.

Decision-makers told participants that older persons are being consulted to a greater degree now than formerly, and that the situation is starting to improve. Participants expressed concern about the power of technocrats who consult or pretend to consult but do not intend to take these matters any further.

Decision-makers reported that governments are listening to pressure groups, and encouraged seniors to continue to get involved in decision-making. They pointed out certain deficiencies in some of the requests made by seniors: the way requests were set out, the unrealistic nature of the requests and the lack of social conscience underlying the demands made.

Workshop members suggested several actions that seniors could take to become more involved in decision-making:

- (a) Information on decision-making should be circulated to the grass roots levels to awaken wider interest among seniors and to encourage seniors to become more involved.
- (b) Seniors should be trained to participate in decision-making by taking courses or through actual experience in getting involved.
- (c) Seniors' groups should prepare and train prospective executive members to participate in decision-making.
- (d) Interventions should be well prepared and directed to where they will have most effect.
- (e) Seniors' associations should try to improve their public image, to increase their membership and to attract seniors who have the necessary background and experience to help them get involved in decision-making.
- (f) Seniors' groups should catalogue their experiences in getting involved in decision-making in order to know what techniques they can use in situations likely to arise in the future.

Workshop 4 Pension Plans, Public and Private (French)

Decision-makers explained the roles played by governments and private employers in public and private pensions, and answered questions asked by workshop participants. The involvement of seniors in decision-making on pension matters was discussed at length by senior participants and decision-makers.

Workshop participants made a number of suggestions on how seniors could become more involved in decision-making:

- (a) Seniors and their organizations should organize as pressure groups to achieve better results.
- (b) Seniors' organizations should make representations to officials at the levels of government where decisions are made as well as to employers on matters pertaining to private pensions.
- (c) Seniors' organizations should collaborate with other groups on matters of mutual concern when asked by them for their support.
- (d) For best results with governments, seniors' organizations should meet round the table with Ministers and officials to better explain their views and to permit a better interchange of views.
- (e) Seniors' organizations should follow up on briefs and submissions to find out what actions have been taken.
- (f) Meetings should be arranged with Ministers, Members of Parliament, and government officials to get first-hand information on legislation, government policies and programs.

Workshop 5 Employment/Maintenance of Income (English)

With respect to the first topic selected by the workshop, the situation of an employee aged 60 who is unexpectedly asked to retire by his employer, decisions are made by the employer unilaterally; the employee is rarely consulted.

One of the decision-makers said that the employee could be placed on a priority list for re-appointment. He also said that there should be an avenue to appeal the decision, and that employers should be made accountable for their decisions particularly harsh decisions. Another decision-maker said that for unionized employees, the union could negotiate replacement employment, or have the employee placed in another job if the lay-off is for technological reasons, or insist that the employer find another job if the lay-off is due to an excess number of employees. The actions a non-unionized employee can take are to seek out the person responsible for the decision and review the case with that person, to contact pressure groups including seniors' organizations and ask for their help, to check the human rights codes to see whether action can be taken through the codes, and to hire legal counsel to fight the dismissal or to obtain compensation if it is not possible to be re-instated in employment.

With respect to the second case selected by workshop members, the blue collar worker aged 50 who is not hired apparently because of his age, this decision could be made by the hiring agency or the

personnel officer in the organization or it could be the result of a biased newspaper description. All of these actions can be traced back to a unilateral decision by the employer. The prospective employee is not consulted and has less opportunity to influence decisions in this case than in the previous example.

Decision-makers advised that, in this case, if there is no evidence of discrimination on the basis of age, little can be done about the situation. If there is evidence of age discrimination, proceedings can be taken under the human rights code. Also, interested associations might be asked to make representations on behalf of the employee.

Workshop 6 Living at Home (French)

The workshop selected two topics to examine decision-making: home care services to permit a person to live at home - services which authorities are not willing to provide or to subsidize through private providers, and the quality of private home care services.

Decisions in respect to home care are made by the authorities. Decisions on privately-provided home care are made by the suppliers of these services. Senior citizens and their associations are sometimes consulted by decision-makers but not always nor enough. Even when seniors are consulted, they are not always listened to.

Decision-makers said seniors and their groups could become more actively involved if they organized, formed pressure groups and established links among seniors' organizations. Decision-makers said that there were not enough seniors on the executives of decision-making boards. Consequently, seniors and their organizations should try to get seniors appointed to such posts.

Some of the workshop participants said that the decision-makers invited to the meeting were not real decision-makers but were there to provide information. Participants suggested that for any future meetings, the real decision-makers, the politicians, should be invited.

The workshop participants made several suggestions to enable seniors to become more involved in decision-making:

- (a) Seniors' associations should provide their members with training and education to enable them to get involved in decision-making.
- (b) Seniors' associations should set up procedures to follow up and find out what actions have been taken on their efforts to influence decisions.

- (c) Seniors and their associations should prepare submissions based on facts and supported by research, studies and surveys.
- (d) Seniors and their groups should try to get involved in user committees in order to provide input at that level of decision-making.
- (e) Seniors and their associations should use existing channels to make complaints.

Workshop 7 Alternative housing options (French)

Decisions relating to housing for disadvantaged seniors are made by the authorities. Disadvantaged seniors are rarely consulted about their needs. These seniors feel inferior when dealing with experts because they do not have access to the proper information and they are conscious of the fact that they are poor. Workshop participants said that disadvantaged seniors should be supported by seniors' organizations in making representations on housing. They said that key members among the disadvantaged seniors should be taught how to organize, provided with information on programs and trained to become involved in decision-making. If this were done, the probability of disadvantaged seniors being heard and listened to by decision-makers would be improved.

Decisions to construct low rental housing are made by the different levels of government. Seniors and their organizations are not always involved in these decisions. When they are involved, this usually occurs during the initial stages of planning and development, and then terminated when seniors become too interested and could become a nuisance. Workshop participants commented on the political element present in decision-making and noted that often profit-makers were more influential than users. Workshop participants suggested ways to become more involved in decision-making: seniors' associations should become pressure groups, should use the media to support their demands, should hold public meetings, and should unite in order to be more effective.

The statements made in the preceding paragraph about low rental housing also apply to the efforts of seniors to set up nonprofit housing at reasonable rents. They face the same problems with the housing authorities, are held at arm's length by housing authorities, and are not consulted to the degree that they should be in the circumstances. The difference in this case is that seniors themselves are the builders of the housing.

Suggestions made for seniors to get involved in decision-making in respect to housing options were: to take a position, to stay firm, to present demands and to disseminate information. Finally, seniors' groups should publicize their problems in order to make decision-makers and others aware of their difficulties.

Workshop 8 Living in Institutions (French)

Members in this workshop said that seniors are not involved in decisions related to private reception centres, admissions to reception centres, and admissions to and administration of low rental housing. The members in the workshop dealt only with admission requirements to reception centres.

Decision-makers confirmed that seniors are not consulted about decisions dealing with admissions to reception centres. They said, that while seniors had a right to serve on committees which screen applications for admission, they rarely are selected to serve on these committees. Clients for admission to a reception centre can choose where they would like to reside, but their choice is subject to the availability of space.

Members of the workshop made several suggestions on how seniors can get more involved in decision-making with respect to admissions:

- (a) seniors' associations should take positive steps to have seniors appointed to the boards of reception centres and to admission committees for these centres;
- (b) ombudsmen should be appointed to reception centres to deal with complaints about admissions;
- (c) representatives of organizations concerned with the welfare of elderly persons should be invited to sit on the boards of reception centres to help develop policies to improve admissions;
- (d) seniors should be informed about their rights to admission to centres.

Members made the following general suggestions to get involved in decision-making:

- (a) seniors' associations should conduct research, disseminate information to seniors and other groups on decision-making, and advocate for the rights of seniors.
- (b) Seniors' associations should unite and present a united front to be more effective in their representations to decision-makers.

- (c) seniors' organizations should make themselves known to decision-makers and ensure that their views are known whenever necessary.

GUEST SPEAKER

The guest speaker, Mr. Claude De Mestral, spoke at the luncheon on November 21, 1984. He did not talk so much about seniors getting involved in decision-making but on how they should be involved in the community and with people.

To become more involved with people and in the life of the community, the speaker suggested that older persons should get out every day and meet other persons, particularly young people. In this way, seniors will grow and develop and know what people think and what is happening in the world around them. Seniors should also join groups which include representatives of all age groups and all occupations, and meet on a regular basis to discuss roles that people should play in community life.

Because politics is so important, the speaker suggested that seniors should participate in the party of their choice. He said they should be active politically and know what their party stands for and what it proposes to do for the welfare of seniors.

It is important, too, that seniors keep themselves informed through newspapers, books, films and the other means available. They should learn from each other and ask embarrassing questions of persons in power. They should try to find out the views of all seniors, not only those who are organized, but also those who do not join groups.

Finally, he suggested that seniors should work for a firm and lasting peace so that there will be a secure and happy world for our children. Armaments are wasteful and the money used for these can be used better for more socially-useful goods and services.

If seniors were to follow these suggestions, they would be better informed, better able to contribute to the community, and better able to influence persons who make decisions.

The speaker noted that the future is full of difficulties but also full of opportunities for seniors. He concluded by saying "Everything depends on whether we have the courage to grow old properly, that is, to continue to live and to live above all else for others".

CLOSING PLENARY

The Chief Rapporteur, Sister Sylvia McDonald, presented a summary of the meeting at the closing plenary. First of all, she congratulated those responsible for organizing the meeting and the participants for their active involvement. She said that holding the meeting stressed the responsibility that seniors have to start looking after their own needs and not to leave it up to others to take action on their behalf. She noted that seniors had made considerable progress over the past years. They had developed new capabilities, are better able to come together and talk about mutual concerns, to speak in public and to prepare reports. Much more progress can be expected from seniors in the years ahead.

Problems which exist today will continue in the future. The meeting has shown that participants know how to deal with problems and how to get involved in decision-making. This meeting also introduced participants to a person referred to as a "decision-maker". The term decision-maker had different meanings for different people.

To become effectively involved in decision-making, seniors must be well informed, keep up-to-date, and know what to do to get involved. It is important for seniors to work with young people and get their help because they have much to offer. Politics plays an important role in decision-making and seniors should become involved politically. Seniors are reluctant to do so because politics has a reputation for being dirty. Seniors should, however, get involved and try to clean politics up and get older persons elected to office as mayor, reeve, or member of the Parliament or the provincial legislature. Above all else, seniors should campaign to make their presence felt by decision-makers.

In closing, Sister McDonald stressed the responsibility that seniors have to get involved in decision-making. Seniors have the life experience, something in their lives that no one can take away, and on which they can draw to get things done. Seniors should let everyone know that they have much to offer, and that there is a whole world of retired persons available who are active, intelligent and still filled with dreams. Seniors can dream in gold, because after all, theirs is the golden age.

Towards the close of the final session, Mrs. Rose-Aimée Leblanc made a suggestion that the leaders of the various groups present should meet to ensure that there is a follow-up to the Montreal meeting and that concerted action is taken to ensure the involvement of seniors in decision-making. This suggestion was well received by the participants.

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MONTREAL**MEMBERS OF THE LOCAL PLANNING COMMITTEE**

BRUNET, Yvette; President of the local Committee, NACA member

BELANGER, Madeleine; NACA member

BERUBE, Leopold; Fédération des aînés du Québec

BUSHELL, Leonard C.; West Island Senior Enterprises

CAMBRON, Rita; Fédération des aînés du Québec

DOUGHTY, Patricia; West Island Senior Enterprises

GAUDREAU, Jean; Fédération des aînés du Québec et la CAREQ

HORNBLOWER, Lucette; Senior Citizens' Forum of Montreal

HOWELL, Donald; West Island Senior Enterprises

LAPALME, Marcel; Association québécoise pour la défense des droits des retraités et pré-retraités

LUSSIER, Édouard; Fédération de l'Âge d'Or du Québec

MASSUE, Gaspard; Senior Citizens' Forum of Montreal

MCQUAT, Evelyn; West Island Senior Enterprises

POULIN, Ernest; Fédération des aînés du Québec

ROSENBERG, Cecile St. Jean; Association québécoise pour la défense des droits des retraités et pré-retraités

MORIN, Claude; Canada Mortgage and Housing Corporation

POULIN, Andrée; New Horizons, Health and Welfare Canada

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John CLARK, NACA

André LeBLANC, NACA

Johanne LUSSIER, NACA

Consultant: Cathy BONAHE

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MONTREAL
DISCUSSION LEADERS

DOUGHTY, Patricia
Dorval

LEBLANC, Rose-Aimée
Mariseaux

GAUDREAU, Jean
Outremont

LUSSIER, Édouard
Lasalle

JULIEN, Yvon
Boucherville

MASSUE, Gaspard
Montreal

LAPALME, Marcel
Montreal

POULIN, Ernest
Charlesbourg

RAPPORTEURS

DAVELUY, Françoise
Cap-de-la-Madeleine

LANGLOIS, Jeanne
St-Lambert

FERLAND, Roland
Charlesbourg

LATOURE, Gilbert A,
St-Laurent

GORE, Jim
Beaconsfield

MICHAUD, André
St-Laurent

HORNBLOWER, Lucette
Montreal

PERREAULT, Gérard
Trois-Rivières

CHIEF RAPPORTEUR

MCDONALD, Sylvia
Montreal

GUEST SPEAKERS

Opening Plenary: Yhetta GOLD, NACA President

Luncheon: Claude DE MESTRAL, President, Association québécoise
pour la défense des retraités et pré-retraités -
section Notre-Dame-de-Grace

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ALSOP, Edgar
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Beaconsfield

BARTH, Marisa
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BEAULIEU, David
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POULIN, Yvonne
Ste-Foy

ROBITAILLE, Fernande
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ROSENBERG, Cécile St. Jean
Montreal

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Québec

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**MONTREAL MEETING OF
THE NATIONAL ADVISORY COUNCIL ON AGING
"LISTEN TO ME!" CONSULTATIVE PROCESS**

Theme: Involvement of Elderly Canadians in Decision-Making

Centre Montfortain
4300 Bossuet Street East
Métro-Cadillac
Montreal, Quebec

Wednesday and Thursday
November 21-22, 1984

P R O G R A M

WEDNESDAY, NOVEMBER 21

Morning

Registration 8:00 - 9:00 a.m.

Opening Plenary 9:00 - 10:30 a.m.

Chair: Yvette Brunet

- 1) Greetings - Mrs. Gabrielle Bertrand, M.P., Parliamentary Secretary to the Minister of National Health and Welfare
Mr. Rocco Lucciasano, Deputy Mayor, Montreal
- 2) Opening Remarks - Yhetta Gold, President of NACA
- 3) Instructions to participants

Fruit and Juice Break 10:30 - 10:45 a.m.

Workshops 10:45 - 12:30 p.m.

Workshop 1 - Topic - Promotion of Health
(French) Discussion Leader: Gaspard Massue
Rapporteur: Gilbert Latour

Workshop 2 - Topic - Prevention of Illness
(English) Discussion Leader: Patricia Doughty
Rapporteur: Jim Gore

Workshop 3 - Topic - Incomes of Older Women
(French) Discussion Leader: Rose-Aimée Leblanc
Rapporteur: Lucette Hornblower

Workshop 4 - Topic - Pension Plans, Public and Private
(French) Discussion Leader: Marcel Lapalme
Rapporteur: Jeanne Langlois

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Workshop 5 - Topic - Employment/Maintenance of Income
(English) Discussion Leader: Yvon Julien
Rapporteur: André Michaud

Workshop 6 - Topic - Living at Home
(French) Discussion Leader: Édouard Lussier
Rapporteur: Françoise Daveluy

Workshop 7 - Topic - Alternative Housing Options
(French) Discussion Leader: Jean Gaudreau
Rapporteur: Gérard Perrault

Workshop 8 - Topic - Living in Institutions
(French) Discussion Leader: Ernest Poulin
Rapporteur: Roland Ferland

Registration for Decision-Makers 11:30 - 12:30 a.m.

Luncheon 12:30 - 2:00 p.m.

Address Theme: Involvement of Elderly
Canadians in Decision-Making
Guest Speaker: Claude De Mestral
Chair: Yhetta Gold
Presenter: Berthe Fournier
Thanks: Patrice Tardif

Afternoon

Plenary 2:00 - 3:15 p.m.

Chair: Yvette Brunet

- 1) Greetings: Yhetta Gold
- 2) Instructions to Participants and Decision-makers
- 3) Rapporteurs: Reports on the first session of workshop

Juice and Fruit Break 3:15 - 3:00 p.m.

Workshops (as for first session) 3:30 - 5:00 p.m.

WINE AND CHEESE 5:30 - 7:00 p.m.

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THURSDAY, NOVEMBER 22

Morning

Workshops (as for first session)	9:00 - 12:00 noon
Juice and Fruit Break	10:30 - 10:45 a.m.
Evaluation	12:00 - 12:30 p.m.
Luncheon	12:30 - 1:30 p.m.

Afternoon

Closing Plenary	1:30 - 3:00 p.m.
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Chair: Yvette Brunet

- 1) Rapporteurs
- 2) Summary Remarks: Sr. Sylvia MacDonald
- 3) Closing Remarks: Yvette Brunet

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PROCEEDINGS
OF
"LISTEN TO ME!"

A Meeting held in
Toronto
November 29-30, 1984

A Program of
N A C A
May 1985



PROCEEDINGS OF THE
"LISTEN TO ME!" MEETING - TORONTO
NOVEMBER 29 AND 30, 1984

INTRODUCTION

The fourth meeting in the "Listen to Me!" consultative process was held in Toronto, November 29 and 30, 1984 at the Ramada Hotel (Downtown). The meeting was chaired by Mr. William Stern, a member of the National Advisory Council on Aging. The meeting was organized through the efforts of the Council, the Canada Mortgage and Housing Corporation and the Toronto local planning committee. The committee was chaired by Mr. William Stern. Members of the local planning committee consisted of representatives from the Canadian Council of Retirees, Canadian Pensioners Concerned, the Mayor's Committee on Aging, the Ontario Advisory Council on Aging, the Ontario Seniors Secretariat, the United Senior Citizens of Ontario and the New Horizons Program of Health and Welfare Canada.

The theme of the Toronto meeting is "the involvement of elderly Canadians in the decision-making process". Its purpose was to provide seniors with the opportunity to study decision-making and their involvement in this process. The meeting was not designed as a study of the problems and issues facing elderly Canadians, nor was it held to develop recommendations or resolutions on matters pertaining to aging and the aged.

About 100 participants attended the meeting in Toronto. Most of them came from Toronto and region while the rest came from other parts of the province. Many of the participants were members of seniors' clubs and associations, and organizations concerned with seniors, some 40 groups in all. About 18 of the senior participants were not affiliated to an organization. The participants came from a wide variety of backgrounds and were mainly from the anglophone and francophone communities; a small number came from ethnic communities. About 28 decision-makers joined the participants at one of the workshop sessions to assist in the study of decision-making (see Appendix A for list of participants).

Four other meetings in this consultative process were held at other locations in Canada. These were in Saskatoon, November 15 and 16; Fredericton, November 19 and 20; Montreal, November 21 and 22; and Vancouver, December 3 and 4, 1984.

OPENING PLENARY

The opening plenary was chaired by Mr. William Stern and greetings from the Council were delivered by Mrs. Charlotte Matthews, a member of the Council. The chairperson described the background of the "Listen to Me!" consultative process and the purpose and goals of the Toronto meeting.

The Honourable Gordon Dean, Provincial Secretary of Social Development brought greetings from the Province of Ontario, while Alderman Ron Kanter greeted participants on behalf of the City of Toronto. The Minister of National Health and Welfare sent a telegram offering participants his best wishes for the success of the meeting.

Following the opening remarks, the participants were briefed on the process to be followed at the meeting (see Appendix B for the program of the meeting).

WORKSHOPS

There were eight workshops in Toronto, one was in French and the others were in English. Members in each workshop were asked to select two to four topics related to the subject of the workshop to study decision-making.

The workshops consisted of a three-stage workshop process which incorporated the second plenary session:

- (a) seniors met together in small discussion groups (8-10) to discuss decision-making in relation to the specific topics which members had selected;
- (b) decision-makers joined the participants for the second plenary session to find out what had happened in the first workshop session and to be briefed together with participants for the second workshop session;
- (c) then, seniors met in the same groups with decision-makers who were familiar with the topics selected for the study and both groups discussed the involvement of seniors in decision-making in relation to these topics;
- (d) finally, the seniors met in the same small discussion groups to review their discussions with decision-makers and to determine the initiatives that seniors could or should take to ensure their involvement in decision-making.

The summary of the discussions for each workshop that follows covers the work done in the workshops by members during all three stages of the workshop sessions.

Workshop 1: Long-Term Institutional Care (French)

Decisions with respect to the quality of care in institutions are made locally. Often these decisions are influenced by political and economic considerations. The quantity and quality of care are determined by professionals in the institutions providing

care and vary throughout the province. There is little or no consultation with clients and often what is passed off as consultation is nothing more than notification of policies and practices determined by persons other than the clients.

A major barrier to the involvement of seniors in decisions which workshop participants identified was language. This is acute when most of the decision-makers are English speaking and many of the clients only speak French. These clients do not know what is going on unless a family member or someone else finds out for them. A notable exception identified by workshop members is the Elizabeth Bruyère Health Centre in Ottawa where persons of both languages are served in their own language.

Decision-makers and participants discussed the quality of care in institutions and examined the role and usefulness of residents' councils in institutions. Both groups discussed how decisions can be influenced. Seniors, for example, could use pressure groups to lobby for changes, complain to the authorities in the institutions despite fear of possible reprisals, examine the qualifications of the staff and try to change attitudes. Both groups said they should continue to trust each other and to work together.

To improve the involvement of seniors in decision-making on the quality of care in institutions, workshop participants suggested setting up an advisory committee consisting of residents and seniors from outside the institution, becoming involved in developing internal regulations for institutions, and lobbying the appropriate authorities to ensure that their decisions adequately reflect the needs of seniors.

Decisions with respect to admission to an institution are made by the consulting physician, the family physician, professionals and officials of the institution. Seniors and their families may be consulted but not in all cases. Participants in the workshop expressed concern that admissions might be based on ability to pay rather than need. Decision-makers in the workshop stated that financial capability was not the determining factor; certainly not in homes for the aged. Other needs, such as medical care, are determining factors for admission.

To become more involved in admission decisions, seniors should create communication and information networks; encourage their organizations to inform members about admissions using newsletters, regional groups, and workshops such as "Listen to Me!" meetings; and enlist the support of seniors' organizations at the local, regional, provincial and national levels.

Decisions on legislation are made through the political process. Governments consult with the public using the usual avenues. Policy makers can be influenced through lobbying. Sometimes important steps in the consultation process are omitted to expedite decision-making. Participants agree that the appropriate time to influence legislation is when it is being developed because it is very difficult to change laws once they are in place. Seniors have an important impact on current and prospective legislation at election time.

Suggestions made by workshop members to improve the involvement of seniors in decision-making were to impress on governments the need to inform seniors when legislation is being considered, to promote lobbying, to encourage the dissemination of information among seniors and seniors' groups in simple and easily understood language, and to get involved in riding committees to improve the political impact of seniors.

Workshop 2: Home Care/Home Support Services

Workshop participants wanted seniors to become more involved in decisions in three areas: awareness of home care/home support services available for seniors, funding, and coordination of these services. Seniors should be made more aware of available services by disseminating information using all possible means. Participants realized the need for adequate funding and felt that seniors should be involved in decisions relating to funding. Finally, participants felt that seniors should get involved to try to eliminate overlapping services and to promote genuine cooperation among organizations providing home care/home support services.

Members of the workshop made the following conclusions:

- Well informed seniors should be elected to community boards concerned with health, housing, and pensions and not just to boards of seniors' organizations.
- Provincial authorities should define the basic level of services needed throughout Ontario. Given this definition, seniors can make representations to bring the level of services in their communities up to the provincial basic level.
- Will the National Advisory Council on Aging really listen to seniors at these meetings?

Workshop 3: Health Promotion and Sickness Prevention

Members of this workshop selected as their topics to study decision-making: education on health promotion, in particular medication for older adults, nutrition, dental care and hygiene.

They stressed that seniors are personally responsible for their own health, and should be encouraged to accept this responsibility. This will involve making decisions to promote their health and to be fully informed on matters affecting their health. Participants said that a number of professionals were responsible for keeping seniors informed on health promotion matters, for example: pharmacists on drug interactions, doctors on the effect of drugs taken with other drugs and with food and drink, and dentists on dental treatments and drug interactions. They also said that dental, medical and pharmacists associations have the responsibility to remind their members to keep seniors fully and adequately informed on matters affecting their health.

Some workshop members said that the appropriate decision-makers had not been selected for their workshop. Rather than decision-makers from government, members would have preferred decision-makers from the medical, dental and pharmacists associations and from manufacturers associations.

Participants suggested several actions to improve participation by seniors in decision-making, for example:

- seniors should use existing organizations familiar with lobbying to lobby governments on their behalf;
- medical, dental and pharmacists associations should be approached to advocate on behalf of seniors;
- seniors should seek to have a pamphlet published which sets out questions seniors should be asking their doctors;
- seniors and their group should promote the production of health publications dealing with health matters of concern to older persons;
- seniors not satisfied with their medical treatment should change doctors and let their doctors know why they have made the change;
- seniors' organizations should ask organizations such as the Canadian Association of Consumers to circulate information on good nutritional foods for seniors;
- seniors and their organizations should seek to have information disseminated on nutrition which is easily read and understood by seniors.

Workshop 4: Home Maintenance - Home Improvements

Workshop participants said that seniors were not involved in decision-making for any of the topics selected to examine decision-making, namely: home heating, home maintenance - government programs (RRAP)*, and home repairs - routine maintenance. Participants said that decisions pertaining to programs on home heating were made unilaterally by governments or through agreements with oil companies. Decisions on home maintenance were made by different levels of government.

The decision-maker assigned to this workshop said he was not a true decision-maker but one involved in policy. He said that a distinction had to be made between decisions at the policy level and those made at the operational level. Each level involves different persons in the decision-making process, each examines different aspects of a particular issue and each involves different aspects of decision-making. The topics dealt with in this workshop mainly involved decisions at the operational level.

The workshop members suggested several ways that seniors could become more involved in decision-making:

- seniors should learn to become their own decision-makers;
- seniors should be aware that it is important to know who should be approached to ensure that their interventions are effective;
- seniors should follow-up on the work of task forces to find out what has been done on matters assigned to them for study;
- seniors' groups should join with other groups to make representations on issues of mutual concern in order to improve their effectiveness.

Workshop 5: Housing Options

Workshop participants selected three topics to examine decision-making: the need for a humanitarian approach to seniors' housing involving design, density, options and ongoing administration; finding suitable and affordable housing; and the effect of zoning regulations on housing options.

Members in the workshop did not discuss where decisions on housing were made. They did say, however, that municipalities have a great deal of impact on decisions pertaining to housing.

*Residential Rehabilitation Assistance Program.

Members noted that the various levels of government did not interact very well, share information, nor work together to optimize results. Seniors are not involved in housing decisions and are seldom listened to seriously by governments because the authorities consider that they have little to offer.

Barriers which impede the involvement of seniors in decision-making were identified and discussed by workshop members. They identified the ever-present problem of bureaucratic red tape, and the inertia by officials to take action when responding to changing conditions. Municipal zoning regulations have an important impact on housing options, and become obsolete when social conditions change, e.g. the need for house-sharing and the construction of granny flats. The regulations are difficult to change because of bureaucratic slowness and because of community opposition to residential housing for seniors. It is difficult, too, for seniors to get involved in decision-making when there are so many agencies and governments involved in housing decisions. Furthermore, seniors are sometimes apathetic and content to let others fight their battles, or believe that others are looking after their interests.

To take action, seniors should take responsibility for their housing, acquire more knowledge on housing issues, share information, discuss their successes and failures, act through their organizations, attend municipal council meetings, and make representations to the Ontario Municipal Board. To know how to intervene, seniors should get Community Colleges to teach courses on how to get involved in decision-making. Seniors' organizations should take steps to become aware of issues before they arise, conduct research, develop and share knowledge with other organizations, and find out the best persons to approach to achieve best results. Seniors' organizations should know what they want, record their requests in writing and fine-tune their demands to improve their representations. Seniors and their groups should contact all political parties to be sure of their support and know that in numbers they have political strength. Finally, seniors should be their own advocates, be vocal and persevere in their efforts to influence decisions.

Workshop 6: Affordable Housing

The workshop members selected the following topic to examine decision-making: how do seniors influence the availability of affordable housing, the support services for affordable housing, and the determination of criteria for admission to and tenancing of affordable housing.

Community attitudes and values determine financial support, and the nature, location and extent of the stock of housing for seniors. Decisions pertaining to seniors' housing are quite complex and are made at many levels of government. Personal preferences, on the other hand, determine the choices that seniors make for housing. Individual seniors can influence decisions on housing by writing and talking to members of parliament and members of the provincial legislature, to elected municipal politicians and to officials of housing agencies. Group action can be taken by organizations involved with seniors' housing such as unions, churches, political parties and seniors' associations and directed to those who make decisions on seniors' housing.

Similar actions to those described above can be taken by seniors to become involved in decision-making on support services for seniors in housing, and in determining criteria for admission to housing and transfer from one location to another. Seniors should get involved at both the policy-making and operational levels and know who should be approached to achieve best results.

Workshop 7: Custody: Guardianship, Trusteeship, Power of Attorney

The topics selected by this workshop to examine the involvement of seniors in decision-making were the power of attorney, the operations of the Public Trustee, and flexible and partial guardianship.

The workshop members examined the question of whether a power of attorney can be recalled and what happens to the power of attorney when a person is declared non compos mentes. At the group level, seniors are not involved in the provincial committee looking into the question of the power of attorney. Seniors, however, will be affected by the results of this committee's studies. On a personal level, seniors make the decisions about granting a power of attorney, usually on the advice of a lawyer. This action can be taken only when a person is in full control of his faculties. A person can request a "durable" power of attorney which will continue in force regardless of the senior's ability to control his/her affairs in the future.

The Public Trustee operates under provincial legislation through the Attorney General. The decisions made by the Public Trustee are automatic for a person who is institutionalized. Many seniors are affected by the operations of the Public Trustee but do not think in advance how they might be affected. The Public Trustee does not publicize proposed policy changes. Hence, it is difficult for seniors to intervene in policy decisions made by the Public Trustee because they are faced with a fait accompli. Seniors can influence decisions at the governmental level on trusteeship by keeping the government informed about community attitudes on this question.

The question of flexible and partial guardianship is important for persons who are not in complete control of their affairs. Currently, decisions are made by the courts. A committee can be appointed to look after a senior's assets. If there is a perceived manipulation of seniors by relatives or others, the police can intervene. A tri-ministerial committee is currently reviewing guardianship but seniors are not members of this committee. It was agreed by workshop members that this was a crucial time for seniors to make representations to the committee on the question of flexible and partial guardianship.

Seniors can influence decisions in these areas in a number of ways, namely by:

- gathering information about issues (knowledge is a source of power);
- gathering strength through networking with other seniors' organizations and consensus building on issues to be addressed;
- using the media effectively;
- going public through public forums;
- seeking to have seniors appointed to committees which make decisions;
- writing letters and making personal visits to persons who make decisions;
- keeping in touch with issues, and knowing what the government's priorities are;
- contacting elected officials on a personal basis.

Participants concluded by saying that seniors can intervene effectively in decision-making if they know who the key actors are, devise an effective strategy to intervene, take personal responsibility as part of the process of getting involved and encourage seniors who are willing to get involved in decision-making to take on this responsibility.

Workshop 8: Public and Private Pensions - indexing, portability, benefits and vesting

Members of this workshop selected public and private pensions as the topic to study decision-making. Decision-makers at the meeting explained the chain of command in place in respect to decision-making for both public and private pensions. They said this chain had to be taken into consideration if seniors are to be effectively involved in decision-making.

Organizations and individuals should make representations to members of parliament and members of provincial legislatures, responsible ministers, the Cabinet and the Prime Minister to get their views considered in respect to decisions affecting pension programs and legislation. Seniors' groups should unite to take action because representations made by many organizations are far more effective to influence decisions. Seniors with a pension problem can initiate change if they document the problem, share it with others and get their assistance.

In respect to private pensions, changes are needed in vesting, portability and indexing. These features can be changed by government policy and legislation. In this situation, action by unions on employers is an important factor in promoting change. Non-unionized companies present different problems. Workshop members were unable to say how decision-making on pensions in such companies can be influenced.

Members in this workshop said that if seniors are to be effective in making changes to pensions, they must be well informed, work together, promote effective leadership and be trained to get involved in decision-making. It is most important, too, that seniors intervene before changes take place.

GUEST SPEAKERS

Dr. Ronald Bayne, Professor of Medicine, McMaster University, in his opening remarks of the banquet on November 29, said that seniors face a challenge and an opportunity. The challenge is to create a new image and a new role for seniors and to develop standards and expectations of what it is like to be a senior. The opportunity is to do something about the serious challenges facing seniors today.

Seniors will have many challenges facing them in the future. They must become actively concerned with pensions and mandatory retirement. Seniors have a responsibility to preserve and improve the quality of the Canadian health care system and to loudly insist on adequate housing and transportation to permit them to continue to live independently. Seniors must insist on improvements to reduce pressures that force seniors into institutional care.

Seniors face a choice of two future roles. One is to retire gracefully and leave others the task of providing for their current and future needs. The other is the more difficult role of contributing to the direction of Canadian society and seeking ways to influence national policy in areas of concern to seniors and to younger persons. This latter role is not easy because society has a negative view of the ability of seniors. Seniors tend to lose power, prestige and influence as they grow older and are not likely to be called upon to express views based on their

experience and contacts. Despite these restraints, seniors who take up the challenge, must fashion for themselves the roles of leaders, activists, experienced negotiators, and persons who seek and demand to be heard. These measures will be needed to balance the needs of seniors with those of other age groups, the need for meaningful employment for seniors with the need for employment by youth, and the need for economic security in old age with that for other members of society.

Professor Karl Kinanen, Director of the Office on Aging, McMaster University, in his luncheon address on November 30, 1984 linked the non-involvement of seniors in decision-making to the passive role in society prescribed for older persons by society's institutions.

He identified the conspiracy of silence by society's institutions which undermines the good life for seniors by restricting the availability of useful work, limiting income security and shaping institutions in society to respond to the needs and demands of younger people. He pointed out the tendency by older Canadians to accept their lot as clients, patients and consumers and to accept the fact that their lives are planned and controlled by others. He stressed the need for seniors to break out of this mold and to define their own reality by becoming more actively involved in decision-making. If they do, they will achieve a more meaningful life consisting of reasonable economic security, availability of adequate health services and useful work.

Society in turn must look after the needs of seniors in employment, education, income security, housing, transportation and consumer goods suitable for the use of seniors.

CLOSING PLENARY

Dr. Rory Fisher, the Chief Rapporteur, noted that the discussions in the workshops revolved around the exercise of lobbying and the exercise of power in a democratic context. He called attention to the comments made by certain workshop members that decision-makers came from government and from the policy areas and not from the operational levels. It was suggested by these members that the decision-makers selected for the meeting may not have been the best persons to respond to the concerns identified in the workshops.

The groups addressed the issues on how to affect the government in decision-making and how to organize resources to apply pressure on governments. Suggestions included getting involved with political parties and linking the various seniors groups to provide a united front to be stronger and more effective. The importance of having a suitable knowledge base and that knowledge is power were mentioned by several speakers and are of crucial importance.

Another factor brought out was the question of applying pressure at the right place. Members in one of the workshops suggested approaching the Ontario Medical Association to change attitudes about education. Dr. Fisher said that the Ontario Medical Association is the wrong organization to approach on this question. To change education and attitudes, faculties of medicine should be approached; and for post-graduate education approaches should be made to the Royal College of Physicians and Surgeons and the College of Family Practice. Similarly, if the attitudes of pharmacists to seniors are to be changed through education, an approach should be made to the educational system and not the Pharmacists Association.

A member in one of the workshops asked whether NACA would listen to seniors at these meetings. Dr. Fisher said he was sure that the Council would. The Council had recently taken steps to get away from its purely advisory function and through the "Listen to Me!" consultations to get seniors involved in decision-making so they would be more effective in bringing about changes of benefit to them.

Dr. Fisher quoted a former Lord Mayor of Dublin who said that the price that God has placed on liberty is eternal vigilance. He concluded by saying that the price demanded from seniors to become involved in decision-making likewise is eternal vigilance.

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TORONTO

MEMBERS OF THE LOCAL PLANNING COMMITTEE

STERN, William, President, Local Planning Committee, NACA member

LALONDE, Florent, NACA member

ARCHER, David, Canadian Council of Retirees

KING, Joyce, United Senior Citizens of Ontario

MANSFIELD, Alex, United Senior Citizens of Ontario

McHALE, Frances, Ontario Advisory Council on Aging

NYWENING, John, Ontario Seniors Secretariat

ST. LAWRENCE, Ivy, Mayor's Committee on Aging

WOODSWORTH, Jean, Canadian Pensioners Concerned

DOWDALL, Cathy, New Horizons Program, Health and Welfare Canada

CORNS, William, Canadian Council of Retirees

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TORONTO

DISCUSSION LEADERS/PRESIDENTS D'ATELIER

GAUGHAN, Linda
Toronto

MCHALE, Frances
Toronto

LALONDE, Florent
Welland

ST. LAWRENCE, Ivy
Toronto

LEON, Judith
Toronto

THOMAS, Dorothy & DOWDALL, Cathy
Toronto

MATTHEWS, Charlotte
Sarnia

UPSHALL, Alan
Toronto

RAPPORTEURS

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Toronto

LAMOTHE, Pierre
Toronto

BOBROVSKIS, Martha
Toronto

RABY, Elizabeth
Toronto

CAUSLEY, Jim
Toronto

SUMMERHAYES, Stewart
Toronto

CORNS, William
Toronto

WRIGHT, Debra
Willowdale

CHIEF RAPPORTEUR

FISHER, Dr. Rory

GUEST SPEAKERS

Opening Remarks: Charlotte MATTHEWS, NACA Member

Banquet: BAYNE, Dr. Ronald, President, Canadian Association
of Gerontology

Luncheon: KINNANEN, Prof. Karl, Director of the Office on Aging,
McMaster University

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TORONTO

PARTICIPANTS

AIKENS, Gertrude
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ARNOLD, Ernest
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DAVIS, Les
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BERKAN, Betty
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WOODSWORTH, Jean
Toronto

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TORONTO**DECISION-MAKERS**

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Willowdale

WRIGHT, W.A.
Assistant Director General
Income Security Department
Scarborough

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SECRETARIAT FOR MEETING

BEAUREGARDE, Chantal, Health and Welfare Canada

BOYCE, Margery, NACA/DVA

CHEWICK, Shirley, NACA

CLARK, John, NACA

LEBLANC, André, NACA

BONNAH, Cathy (Consultant)

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**TORONTO MEETING OF
THE NATIONAL ADVISORY COUNCIL ON AGING
"LISTEN TO ME!" CONSULTATIVE PROCESS**

Theme: Involvement of Elderly Canadians in Decision-Making

Ramada Hotel (Downtown)
111 Carleton Street

Thursday and Friday
November 29-30, 1984

P R O G R A M

THURSDAY, NOVEMBER 29

Afternoon

Registration 12:30 - 2:00 p.m.

Opening Plenary 2:00 - 3:00 p.m.

Chair: William Stern

- 1) Greetings - The Honourable Gordon Dean, Secretary, Social Development Ontario
- Mr. Ron Kanter, Alderman, City of Toronto
- 2) Opening Remarks - Charlotte Matthews, NACA
- 3) Instructions to participants

Exercise Break: 3:00 - 3:15 p.m.

Juice and Fruit Break 3:15 - 3:30 p.m.

Workshops 3:30 - 5:00 p.m.

Workshop 1 - Long-Term Institutional Care
(French) Discussion Leader: Florent Lalonde
Rapporteur: Pierre Lamothe

Workshop 2 - Home Care/Home Support Services
Discussion Leader: Judith Leon
Rapporteur: William Corns

Workshop 3 - Health Promotion and Sickness Prevention
Discussion Leader: Frances McHale
Rapporteur: Stewart Summerhayes

Workshop 4 - Home Maintenance - Home Improvements
Discussion Leader: Linda Gaughan
Rapporteur: Elizabeth Raby

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- Workshop 5 - Housing Options
 Discussion Leader: Charlotte Matthews
 Rapporteur: Debra Wright
- Workshop 6 - Affordable Housing
 Discussion Leader: Dorothy Thomas and Cathy Dowdall
 Rapporteur: George Barker
- Workshop 7 - Custody: Guardianship, Trusteeship, Power of Attorney
 Discussion Leader: Ivy St. Lawrence
 Rapporteur: Martha Bobrovskis
- Workshop 8 - Public and Private Pensions: Indexing, portability,
 benefits vesting
 Discussion Leader: Alan Upshall
 Rapporteur: Jim Causley

Evening

Cash Bar - Starlight Room 6:30 - 7:30 p.m.

Banquet - 7:30 p.m.

Room: Pearson Room
 Address Theme: Involvement of Elderly Canadians in
 Decision-Making
 Guest Speaker: Dr. Ronald Bayne, President of Canadian
 Association of Gerontology and Professor
 of Medicine, McMaster University,
 Hamilton
 Chair: Charlotte Matthews
 Presenter: Frances McHale
 Thanks: David Archer

FRIDAY, NOVEMBER 30

Morning

Exercise Session 7:30 - 7:45 a.m.

Registration for Decision-Makers 8:00 - 9:00 a.m.

Plenary 9:00 - 10:00 a.m.

Chair: William Stern

- 1) Greetings: Charlotte Matthews
- 2) Rapporteurs - Reports on the first session of workshops
- 3) Instructions to participants and decision-makers

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Exercise Break: 10:00 - 10:15 a.m.

Juice and Fruit Break 10:15 - 10:30 a.m.

Workshops 10:30 - 12:00 p.m.
(same as Thursday but with decision-makers)

Luncheon 12:00 - 2:00 p.m.

Room: Starlight Room

Address Theme: Involvement of Elderly
Canadians in Decision-Making

Guest Speaker: Professor Karl Kinanen, Director,
Office on Aging, McMaster University

Chair: Charlotte Matthews

Presenter: Ivy St. Lawrence

Thanks: Catherine Dowdall

Afternoon

Workshops (seniors) 2:00 - 3:30 p.m.

Evaluation 2:45 - 3:00 p.m.

Exercise Break: 3:00 - 3:10 p.m.

Juice and Fruit Break 3:15 - 3:30 p.m.

Closing Plenary 3:30 - 5:00 p.m.

Chair: William Stern

- 1) Rapporteurs from Workshops
- 2) Chief Rapporteur: Dr. Rory Fisher
- 3) Closing Remarks: William Stern

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PROCEEDINGS
OF
"LISTEN TO ME!"

A Meeting held in
VANCOUVER
December 3-4, 1984

A Program of
N A C A
May 1985



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of Canada

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National Advisory
Council on Aging

Conseil consultatif national
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PROCEEDINGS OF THE
"LISTEN TO ME!" MEETING - VANCOUVER
DECEMBER 3 AND 4, 1984

INTRODUCTION

The fifth and final meeting in the "Listen to Me!" consultative process was held in Vancouver, December 3 and 4, 1984 at the Sheraton-Plaza 500 Hotel. The meeting was organized by the National Council on Aging (NACA) with the cooperation of a local planning committee consisting of members of a British Columbia group called the Group of Ten plus Two. The Group of Ten plus Two includes representatives from a member of local organizations namely: the Seniors Lottery Board, Senior Citizens Association of British Columbia, British Columbia Old Age Pensioners' Organization, West End Seniors' Network, James Bay Community Resource Seniors' Advisory Council, Vancouver General Hospital Geriatric Diagnostic and Assessment Centre, Royal Canadian Legion, Gerontology Association of British Columbia and the New Horizons Program of Health and Welfare Canada.

The Vancouver meeting was chaired by Mrs. Patricia Fulton, the chairperson of the Group of Ten plus Two. The Council was represented by Mrs. Thelma Scambler, a member of NACA. Members of the Group of Ten plus Two provided staff support and several of them acted as discussion leaders and rapporteurs.

The theme of the Vancouver meeting is "the involvement of elderly Canadians in the decision-making process". The purpose of the meeting was to provide the opportunity to study the decision-making process and the involvement of seniors in decision-making. The meeting was not held to study the needs and problems of seniors, nor to develop resolutions or recommendations.

About 78 participants attended the meeting. Most of them came from Vancouver and Victoria while the others came from the interior and Northern parts of British Columbia. Many of the participants were members of seniors' clubs and associations and organizations concerned with seniors, some 35 in total. About 20 of the participants were not affiliated with any organization. About 20 decision-makers were invited to the meeting to study the involvement of seniors in decision-making. (See Appendix A for list of participants.)

Four other meetings in the "Listen to Me!" consultation were held at other locations in Canada. These were at Saskatoon, November 15 and 16; Fredericton, November 19 and 20; Montreal, November 21 and 22; and Toronto, November 29 and 30, 1984.

OPENING PLENARY

The Opening Plenary was chaired by Mrs. Patricia Fulton. The participants were greeted on behalf of the Council by Mrs. Thelma Scambler. Mrs. Fulton explained the background of the "Listen to Me!" consultative process and the goals and purposes of the Vancouver meeting. After these introductory remarks, the participants were briefed on the program to be followed during the meeting. (See Appendix B for the program.)

WORKSHOPS

Ten workshops were held at this meeting, eight for senior participants and two for decision-makers. The eight workshops for seniors met in a three-stage process, while the two workshops for decision-makers met only once at the second stage of the workshop process. The three workshop sessions incorporated two plenary sessions, one immediately preceding the second workshop session and the other following immediately after. All of the workshops in Vancouver concentrated on the general topic of health. This approach was different from the other four meetings where the workshop topics also included shelter and income security. A summary description of the sessions follows:

- (a) Seniors met in small discussion groups (8-10) to discuss decision-making in relation to specific topics which they had selected.
- (b) Decision-makers joined the participants for the second plenary session to find out what the seniors had discussed in their first workshop session and to be briefed with the senior participants for the second workshop session.
- (c) Senior participants returned to the same groups as for the first workshop session and discussed how seniors could get involved in decision-making. Decision-makers met separately in their own workshops and examined the involvement of seniors in decision-making with particular reference to their fields of operation.
- (d) Immediately following the second workshop session, decision-makers and participants met together in plenary session. Rapporteurs from all of the workshops reported on the discussions in the workshops. It had been the intention of the conference planners to follow these reports with an open discussion between seniors and decision makers. Unfortunately, the interchange between decision-makers and seniors had only just started when the session ran out of time.
- (e) Finally, the senior participants met again in their small discussion groups to review the proceedings and to determine the initiatives seniors could or should take to become more involved in decision-making.

The following summary provides a digest of the discussion in each of the workshops for all the different stages of the process as described.

Workshop 1a: Health Promotion Programs

Members in this workshop did not identify specific issues or topics to study decision-making. Rather, they examined a number of issues related to health promotion. Senior participants felt that their approaches to getting involved in decision-making should be directed to the different levels of government. They said it was important to recognize that the fear of reprisals is an impediment to the involvement of seniors. For example, dependent seniors fear reprisals from those who provide care should they complain about the quality of care. Also, government employees at the lower levels are reluctant to act and make decisions because they fear repercussions from senior management if they step outside their guidelines.

Members in this workshop identified several actions that seniors could take to become more involved in decision-making. For example, seniors should learn the techniques of lobbying and know what levels of government can be influenced locally and what levels can be influenced through the ballot box. They should learn how to use their resources efficiently, and should encourage seniors who are strong to take responsibility for seniors who are not. Seniors should seek the help of the media to educate the public about their concerns and to maintain a watch on matters of concern to seniors. Seniors should watch out for tokenism, and take action to complain about and counteract such actions by decision-makers.

Workshop 1b: Health Promotion Programs

Participants in this workshop identified housing, over-medication, personal care, and hospice care as topics to study decision-making. They said there was a need for input by seniors into decisions on housing, particularly the allocation of funds, the determination of quotas, the design of facilities and the use of land. Input from seniors is also required into decisions on over-medication. In this particular area, seniors need to be better informed on the use of drugs by elderly persons. The issues of hospice care and personal care raised the question of who makes the decisions, whether it is the patient, the patient's family, or a collective decision involving all interested parties. In these particular areas, participants favoured collective decisions.

Members of the workshop offered a general prescription for seniors to become more involved in decision-making, namely: seniors should identify a need, ascertain through research whether it is a real problem, give it adequate publicity so there is no confusion in the mind of the public about the nature of the problem and then take action. In taking action, seniors should work in small groups and get the help of consultants if necessary. Seniors' organizations should seek the cooperation of other groups and the help of influential seniors in their efforts to get involved in decision-making.

Workshop members suggested that special seniors' groups should be set up to advocate on behalf of seniors. They also said that the proceedings of the Vancouver meeting should be widely distributed among seniors and seniors' groups in British Columbia to encourage them to get involved in decision-making.

Workshop 2a: Community Care Programs

Members in this workshop examined decision-making in relation to public health clinics, information and referral projects, and shelter. Members said that important decisions in relation to public health clinics such as eligibility, access, and quality of services are made by governments. For clinics such as the one in the Vancouver General Hospital, decisions are made by the medical director and staff. There is little or no consultation with seniors or seniors' groups on decisions about health clinics. Seniors could lobby to have their views heard but workshop members felt that lobbying would have little effect.

Workshop members said that seniors have been involved to a considerable extent in an information and referral project funded by New Horizons in Victoria. They pointed out, however, that seniors were not involved in decisions for other similar projects undertaken in recent years by other organizations.

It was pointed out that seniors, particularly inmates in residential facilities, have little or no input into decisions about developing or changing house rules. Members of the management for these institutions are the major decision-makers on house rules.

Participants suggested several ways that seniors can get more involved in decision-making:

- (a) Seniors should learn how to conduct research, collect information and how to lobby. Seniors' groups should be prepared to accept and enlist the help of the new breed of seniors now in their sixties who have experience at the grassroots level in community involvement.

- (b) Because their resources are limited, seniors should enlarge their support by building bridges to persons of all ages and to groups comprising members of all ages.
- (c) Seniors should establish links with ethnic and oriental groups in the community.
- (d) Seniors should set up special bodies to assist them, such as advisory committees to business, watchdog committees dealing with published material for seniors, and so on.
- (e) Seniors should get involved in the political process and try to get seniors appointed to decision-making bodies.
- (f) Innovative approaches to getting involved in decision-making should be developed, such as the relationship model and the collaborative consensus model.
- (g) Mayors in British Columbia municipalities should be asked to set up council committees of seniors to advise them on matters relating to elderly people.
- (h) Seniors should make representations to the Provincial Government to set up a provincial advisory council on aging.

Members in the workshop said that some seniors do not get involved in decision-making because they are not aware of their potential or of the resources at their command. Furthermore, some businessmen and officials feel quite strongly that decision-making is their prerogative and are not willing to involve seniors in decision-making. Finally, members suggested that there should have been a face-to-face dialogue at the meeting between decision-makers and seniors, and that policy makers should be invited to participate at any future meetings.

Workshop 2b: Community Care Programs

The first issue selected by this workshop to study decision-making was a continuum of shelter. Workshop participants considered that shelter should be well designed and that availability of shelter should extend from a person's home to the residential facility providing shelter and care. Decisions on the provision of shelter are made by the three levels of government, service clubs, churches, and nonprofit organizations. In the final analysis, decisions relating to shelter are political. There is little consultation with seniors on shelter issues although some seniors provide input to decisions through membership in organizations involved with shelter.

Decisions relating to retirement planning, the second issue selected, are made by the educational system, industry, business, unions, and governments (as employers). These groups determine

who should receive instruction, what material should be covered and where the training should be given. In some situations, retired persons and their groups have taken the initiative to provide retirement training. Seniors and persons approaching retirement are seldom involved in decisions on retirement training. As individuals, they decide whether or not they will take training.

Decisions on the provision of community support services are made by the three levels of government, nonprofit organizations, churches, service and other organizations. Seniors are able to influence decisions as members of agencies providing services and as members of advisory groups.

Suggestions made by the workshop members for group action by seniors include:

- (a) Seniors' organizations should improve the capabilities of their members through leadership training and education on decision-making. They should use the experience and skills of members who have a great deal to offer, and set goals of participation for their members.
- (b) Seniors' organizations should support other groups of seniors and non-seniors. Seniors should remember that there is strength in numbers.
- (c) Seniors' organizations should make sure that they have members present when seniors' issues are being discussed at council meetings, meetings of provincial legislatures and Parliament, meetings of parliamentary committees and so on.
- (d) Seniors' groups should produce manuals describing how to get involved in decision-making for use by seniors' groups, particularly those in smaller communities.
- (e) Representations should be made by seniors to the provincial governments to establish a provincial advisory council on aging.

Workshop 3a: Institutionalized Care Program

Members of this workshop selected three topics related to institutional care to examine decision-making. These were: admission requirements, the quality of care, and the lack of privacy for inmates in institutions.

Members in this workshop made the following suggestions on how seniors might become more involved in decision-making:

- (a) Seniors should become more informed about problems through research, be better informed about the options and resources available, and use their skills and expertise to become involved in decision-making.
- (b) Seniors should become involved in the political process.
- (c) Mayors of municipalities should be asked to establish special committees of seniors to advise on matters pertaining to older persons.
- (d) Seniors' associations should interact and cooperate and should get together with non-senior groups in order to become more effective in decision-making.
- (e) Seniors should establish good relations with persons in authority.
- (f) Seniors and their organizations should develop procedures to ensure that the needs of powerless and dependent seniors are articulated and presented to those in authority.

Members in the workshop expressed concern about tokenism towards seniors. They favoured a face-to-face encounter with decision-makers and did not agree with the approach used at the Vancouver meeting. They said it was important for seniors and seniors' groups to develop a greater sense of responsibility to take action to get involved in decision-making.

Workshop 3b: Institutionalized Care Programs

With respect to using life support systems, the first topic selected by the workshop, members in this workshop said that the person concerned should have the right to decide. In practice, this does not always happen because other persons try to influence this decision: the family, the doctor, hospital staff, or members of that person's religious community. When a terminally ill patient has no family or is unable to decide, others get involved in the decision.

The doctor, the members of the long-term care team and sometimes the family decide on assessment and re-assessment for long-term care, the second topic identified by the workshop. The elderly person involved has little or no input into these decisions. Often the patient is too sick to become involved. Workshop members felt that seniors and their organizations should monitor decisions affecting the quality of care and assessments that determine the level of care.

Workshop members said the patient has the right to rehabilitation therapy, the third topic identified in this workshop. It is the physician, however, who decides whether a person should take treatment. Decisions as to the nature and quality of services, where services are provided and the cost of services are made by others. Seniors are not involved in any of these decisions. Members agreed that seniors should lobby to improve rehabilitation therapy and access to such services.

Workshop participants said that seniors and seniors' groups should be well prepared before getting involved in decision-making. Seniors should become more aware of problems, learn how to get involved in decisions, teach members how to lobby and provide leadership training. Seniors groups should unite with seniors' and non-seniors' groups to present a unified voice on issues. Seniors should be more assertive with decision-makers, use the media more effectively and establish follow-up procedures for their representations.

Workshop 4a: Home Support Services

Decisions about the use of homemakers' time, the quality of services, and whether homemakers should move from one client to another are made by local directors of continuing care programs and by supervisors of homemakers' agencies. Seniors, particularly those who use the services, are rarely consulted. On the other hand, seniors on local boards involved with the delivery of homemakers' services or on advisory committees pertaining to home support services are involved in the decisions made by these organizations.

Decisions as to the length of time between referral and assessment for homemakers services are made by persons who administer these programs. Once again, seniors are not consulted about these decisions.

Members of the workshop suggested several ways whereby seniors could become more involved in decision-making:

- (a) Seniors and their groups should take steps to become involved in decision-making.
- (b) Seniors' groups should lobby; and seniors with knowledge about lobbying should teach other seniors how to lobby.
- (c) Education, acquisition of information, and training are necessary to prepare seniors to become involved in decision-making.
- (d) Leadership is important to help seniors' groups get involved in decision-making. Not all seniors can be leaders, but leadership training is important to teach persons in seniors' groups who have the necessary leadership potential.

- (e) Seniors should ask influential persons and groups in the community to assist them get involved in decision-making.

Workshop members said that attitudes must change among seniors, decision-makers and in the community at large before seniors can become effectively involved in decision-making. Members felt that it would have been better at this meeting had there been a face-to-face encounter between decision-makers and participants in the workshops. They also suggested that a manual should be prepared to show seniors how to get involved in decision-making. Such a manual should be made available to help seniors in other communities, particularly smaller communities, to get involved in decision-making.

Workshop 4b: Home Support Services

Members in this workshop selected two issues to examine decision-making. These were: how can seniors speak with a united voice and be listened to in relation to who gets home support services and how much services they receive, and who makes the decisions to permit persons to move from home support to institutional care.

With respect to home support services, seniors are not often consulted in decision-making. Decisions are made by a wide range of authorities and administrators such as ministers of health and of human resources, deputy ministers and officials of these departments, directors of home support programs, assessors, social workers, agency heads and friends and relatives. If seniors, particularly those receiving services or applying for home care, are to be effective in getting involved in decisions, they must unite with other seniors and link with other groups. Some decisions can be changed by bringing the issue to the attention of the public through the media and by using other public relations techniques.

With respect to moving into institutional care, there are times when the only decision a person can make is to say no. Members of the workshop felt that decisions on this question should be collective involving all the parties concerned.

Members of the workshop suggested several ways that seniors could get involved in decision-making. Basically, seniors should be committed and establish credibility with the public and with decision-makers, requests should be reasonable and substantially researched, and seniors' groups should decide carefully on their spokespersons. Seniors should use a united approach to get involved in decision-making and use the services of seniors who are already involved in decision-making. Members concluded by saying that they would have preferred more discussion during the meeting with decision-makers, particularly policy makers.

Workshops for Decision-Makers

Two workshops were held for decision-makers. The comments and observations made by both groups on the involvement of seniors in decision-making are summarized in this section.

Seniors are currently involved in decision-making and their efforts should be given wide publicity. Decision-makers called attention to the Mayor's permanent committee of seniors in Vancouver and the activities by seniors' groups throughout the province which advocate on behalf of seniors.

Some decision-makers said that seniors should become involved in decision-making. Others said they welcomed input from seniors, in particular to know how programs and services were operating and meet the needs of users. Still others said that there were areas of decision-making where input by seniors is not welcome. The basic problem identified by decision-makers is how to bring users and decision-makers together. They said that unless this is done, the two separate worlds will continue to exist and the well-being of seniors will not improve to any significant degree.

Decision-makers said that there were several important actions that seniors could take to get more involved in decision-making. First of all, seniors should lobby to achieve their ends. Lobbying is a tedious, long and taxing process but seniors have the time and the ability to engage in this activity. Seniors are only now becoming aware of the need to develop the will to lobby. In addition, seniors should get involved in the political process.

Decision-makers also stated that there was a "jungle" of services and programs existing in the real world, each of which has its own power structure and supporters. Each program has evolved through a process involving identification of needs, research and data collection, planning and policy development and program implementation; each involves some form of ongoing evaluation. If seniors are to become involved in decision-making, they need to know the processes by which these programs have come into being, how they are operated on a day-to-day basis and what methods are being used to evaluate them.

Finally, seniors who wish to participate in decision-making should be prepared to get involved. They should be trained to become involved, and leadership training should be provided to leaders and potential leaders among seniors' groups. Leaders need to be credible in the eyes of their members, the public and decision-makers; to be skilled negotiators; and have a reputation for fairness and for being reasonable. Seniors and their groups should understand the different modes of decision-making for the different programs, and know that there are different levels of

decision-making, each of which may require a different approach. They should know the distinction between advice to decision-makers and actual involvement in decisions, and realize that advice is only part of decision-making process.

Decision-makers cautioned against the practice of tokenism. This can be seen in token appointments of seniors to advisory bodies, pretending to listen to seniors to enhance the public image of the organization, seeking opinions and views from seniors but not taking action or simply listening with deaf ears. The message on tokenism was picked up by conference participants and repeated in their discussions.

GREETINGS AND GUEST SPEAKER

At the luncheon on December 4, 1984, and prior to the talk by the guest speaker, greetings were presented on behalf of the federal government by Margaret Mitchell, M.P. for Vancouver East. Rita Johnstone, M.L.A. for Surrey, presented greetings on behalf of the Province of British Columbia and Alderman Don Bellamy presented greetings on behalf of the City of Vancouver. A telegram was received from the Minister of National Health and Welfare offering his best wishes for the success of the meeting in Vancouver.

In his luncheon address, Professor Donald McDougall of the Faculty of Law, University of British Columbia, spoke about the freedom of seniors to choose and their right to participate and contribute to society. He said seniors had two options: to be economically dependent or to participate and contribute fully to society. There are many social and legal barriers that prevent or limit the full participation of seniors in society. Seniors should intervene and break these barriers down. Professor McDougall used age discrimination and mandatory retirement to show how seniors might effectively intervene in decision-making.

When Section 15 of the Canadian Charter of Rights and Freedoms comes into force in 1985, an important instrument will exist to challenge age discrimination. While Section 15 has certain limitations, seniors can use it to surmount the social and legal barriers which stand in the way of their full participation. Furthermore, seniors can challenge provisions relating to mandatory retirement under legislation in certain provinces to ensure that mandatory retirement at age 65 is banned across Canada.

Professor McDougall said that seniors should get involved in the political process. He did not think that organizing a single national organization of seniors or forming a single political party of seniors would be very effective; rather he visualized active involvement through smaller groups of seniors. He suggested that seniors should ensure that vocal seniors are

attached to each of the political parties to ensure that seniors' needs and concerns are made known to these parties. He stressed the need for vigilance and readiness by seniors to be prepared to take quick action on political issues which arise quite suddenly when such action is needed.

Professor McDougall closed by stressing the importance of participation by seniors in the affairs of society by saying "The quality of society depends upon all of us participating to the limits of our ability".

CLOSING PLENARY

At the closing plenary, the Chief Rapporteur acted as the chairperson when workshop rapporteurs delivered their reports. The rapporteurs summarized the discussions in each of the workshops and the conclusions and observations made in these workshops. Their comments are summarized below.

Useful comments were made about the participation of decision-makers at this meeting. Some participants felt that those invited to the meeting were not true decision-makers and that policy makers were not present. Members of one workshop said that they learned nothing substantive from decision-makers. Other members were quite positive about the value derived from the participation of the decision-makers and found decision-makers to be more open than they had anticipated. It was the opinion of many of the participants that the deliberations would have been better had there been a face-to-face dialogue between decision-makers and participants.

Concern was expressed in several of the workshops and by decision-makers about the question of tokenism. Several of the participants said they would pay more attention to tokenism in the future because it is a real barrier to the involvement of seniors in decision-making. Members of one workshop wondered whether the holding of the meeting in Vancouver was a token gesture. Members in another workshop said they had felt they had been patronized by decision-makers.

Participants said that it is important for seniors to be committed to involvement. Others said that they had learned how to become involved through this meeting and are now more capable to rise to the challenge and chart their own course in getting involved in decision-making. It is important, too, that seniors establish credibility within their own groups and with decision-makers. Requests should be reasonable and well researched, and seniors' groups should decide carefully on who will be their spokesmen. Seniors should know that there is strength and effectiveness in presenting a united voice.

Participants said it was their responsibility to get involved in decision-making and to initiate action. They suggested that the process learned in Vancouver be disseminated to seniors and senior groups in other parts of British Columbia. To assist in this task, they suggested the preparation of a manual to teach seniors how to get involved in decision-making. Participants expressed regret that there was no involvement at this meeting by members of the ethnic community particularly the Asian community. A representative of an under-age 65 group suggested that members of that age group be included in any future meetings using the "Listen to Me!" approach. Finally, it was suggested that seniors in British Columbia should be involved in the selection of a British Columbia member for the National Advisory Council on Aging.

In closing the meeting Mrs. Fulton said "We have identified a process at this meeting, our task now is to ensure that the process is an ongoing one".

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VANCOUVER

MEMBERS OF THE LOCAL PLANNING COMMITTEE

FULTON, Patricia, Chairperson, Local Planning Committee and the Group of Ten plus Two

AUGER, Jeannette, Ph.D., Conference Co-ordinator and Group of Ten plus Two

BAYLEY, Charles, Seniors Lottery Board, former NACA member

BELKNAP, Victor, Group of Ten plus Two

BOAS, Rollo, British Columbia Old Age Pensioners' Organization

BRAND, Robert, British Columbia Old Age Pensioners' Organization

CULLEN, David, Royal Canadian Legion

DITCHBURN, Ruth, Gerontology Association of British Columbia

FRASER, Heather, New Horizons, Health and Welfare Canada

GRAYSTON, Fred, West End Seniors' Network

HILL, Mary, Group of Ten plus Two

OSLEN, Evelyn, Senior Citizens Association of British Columbia

PAUL, Bel, James Bay Community Resources Seniors' Advisory Council

SLADE, Clyde, M.D., Vancouver General Hospital Geriatric Diagnostic and Assessment Centre

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VANCOUVER

DECISION-MAKERS WORKSHOPS

Discussion Leaders

MARTIN, Sharon

ROBERTSON, Ann

Rapporteurs

BOAS, Rollo

BELKNAP, Vic

PARTICIPANT WORKSHOP

Discussion Leaders

BLAKE, Mary
BULMAN, Tom
LAURISDEN, Bette
NEBOCAT, Sheila
PARKER, Fiona
RIDDEL, Gail
TAYLOR, Jean
FULTON, Margaret

Rapporteurs

BRISTOWE, Elizabeth
BURNSIDE, Beverly
LEVI, Gloria
MCTIER, Jim*
FRASER, Heather*
PARKER, Sam
REID, Kathy
VICCELLI, Lettie
RAFFERTY, Pat

CHIEF RAPPORTEUR

BAYLEY, Charles

NACA SECRETARIAT

AUGER, Jeannette
BOYCE, Margery, NACA/DVA
CLARK, John, NACA
BRANDMUELLER, Terry, Health and Welfare Canada

*Part time in workshop 2b

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VANCOUVER

PARTICIPANTS

ARLAND, Josephine Surrey	GREAVES, Edith Vancouver
BACKMAN, Betty Vancouver	HANOVER, Tina Cranbrook
BAKER, John Abbotsford	JODEN, Alf Houston
BARKER, Pauline Victoria	JOHNSTON, Dr. Crosby Coquitlam
BERRY, Frances Courtenay	KOLLE, Eric Vancouver
BETTS, Margaret Vancouver	LACEY, Harold Kamloops
BROWN, Hilary Hornby Island	LEWIS, Helga Vancouver
BROWN, Norval Vancouver	LOWER, Margaret White Rock
DAFOE, Agnes White Rock	LUND, Margaret Salmon Arm
DAVID, Elizabeth New Hazelton	LUTWICK, Bernice Vancouver
DAVIS, James Kimberley	LYONS, Kent Vancouver
DOWN, Eleanor Vernon	MARSHALL, Margaret Kay Surrey
ELDRIDGE, Rev. Ernie Vancouver	MATTHEWS, Katherine Prince George
FRIDGE, Alexander Delta	MCALLISTER, Clare Victoria
FROST, Eric Maple Ridge	MCBURNIE, Kathleen Burnaby

MCCUAIG, W.L.
North Vancouver

SPICER, Ann
Victoria

MOIST, Harold
Victoria

STORGAARD, Erling
Kelowna

MORRISON, Archie
Sidney

STOVOLD, Kay
Vancouver

MURPHY, Pat
Victoria

STROYAN, Margaret
Qualicum Beach

NORCROSS, Elizabeth
Duncan

STURMEY, Vera
Lac La Hache

PRITTIE, Isobel
Victoria

TAYLOR, Jean
Vancouver

RAWCLIFFE, Walter
Victoria

TODD, Edgar
Sorrento

REYNOLDS, Lois
Abbotsford

VALENTINE, Barry
Vancouver

ROBINSON, Eugenie
Richmond

WEBSTER, Daisy
Vancouver

RUBENSTEIN, Norman
Sidney

WHITLAM, Winnie
Lindell Beach

SEAMAN, Carrie
Westbank

WILKINSON, Hazel
Peachland

SHARP, Fred
North Vancouver

WORDEN, Kay
Sorrento

SLATER, Roy
Delta

WRIGHT, Mildred
Vancouver

SMITH, Helen
Vancouver

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VANCOUVER

DECISION-MAKERS

BEACHY, Tim, President, Social Planning and Review Council of British Columbia

BECK, Max, Director of Social Planning, City of Vancouver

BENNETT, Allan, Commissioner, Parks Board, City of Vancouver

BEIRNES, Virginia, President, University Women's Club Faculty Women's Association, University of British Columbia

HALL, Myrna, Ministry of Health, Government of British Columbia

COLEMAN, Brian, President, Seniors' Lottery Board, and Vice-President of Finance, Overwaitea Foods

DAVIES, Libby, Alderwoman, City of Vancouver

FINLAYSON, Dr. Norman, Director, Professional Services, British Columbia Medical Association

FRASER, Heather, Regional Manager, New Horizons Program, Health and Welfare Canada

GENEREUX, René, Executive Producer, CBC Television

GREEN, Ronald, Red Cross Society

HALE, Ivan, Samuel and Sadye Bronfman Foundation, Montreal

LOWER, Margaret, Alderwoman, White Rock

KERR, Mary, British Columbia Housing Management Commission

LEWIS, Dr. Chris, Chairman Committee on Geriatrics, British Columbia Medical Association

GRANT, Paula, Manager Rehabilitation and Support Services, Ministry of Human Resources, Government of British Columbia

PALMER, Margo, Health Promotion Directorate, Health and Welfare Canada

SAVILLE, Hugh, Assistant Deputy Minister, Ministry of Human Resources, Government of British Columbia

SIMMONS, Eric, Alderman, City of Victoria

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TIDBALL, Pat, Director, Pharmacare Services, Ministry of Human Resources

PECK, Dr. Shawn, Health Department, City of Vancouver

STANSFIELD, Dr. Hugh, Family Practice

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**VANCOUVER MEETING OF
THE NATIONAL ADVISORY COUNCIL ON AGING
"LISTEN TO ME!" CONSULTATIVE PROCESS**

Theme: Involvement of Elderly Canadians in Decision-Making

Sheraton Plaza 500
Vancouver, B.C.

Monday and Tuesday
December 3-4, 1984

P R O G R A M

MONDAY DECEMBER 3

Afternoon

Registration 1:00 - 2:00 p.m.

Opening Plenary 2:00 - 3:00 p.m.

Chair: Patricia Fulton

- 1) Welcome
- 2) Opening Remarks - Thelma Scambler, NACA
- 3) Briefing on workshop sessions - John Clark, NACA

Refreshment Break: 3:00 - 3:15 p.m.

Workshops 3:15 - 5:00 p.m.

In Granville, Arbutus, Victoria and West Side Rooms

Workshop 1a - Topic: Health Promotion Programs
Discussion Leader: Mary Blake
Rapporteur: Elizabeth Bristowe

Workshop 1b - Topic: Health Promotion Programs
Discussion Leader: Tom Bulman
Rapporteur: Beverly Burnside

Workshop 2a - Topic: Community Care Programs
Discussion Leader: Bette Lauridsen
Rapporteur: Gloria Levi

Workshop 2b - Topic: Community Care Programs
Discussion Leader: Sheila Nebocat
Rapporteur: Heather Fraser and Jim McTier

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Workshop 3a - Topic: Institutionalized Care Programs
 Discussion Leader: Fiona Parker
 Rapporteur: Kathy Reid

Workshop 3b - Topic: Institutionalized Care Programs
 Discussion Leader: Gail Riddell
 Rapporteur: Sam Parker

Workshop 4a - Topic: Home Support Services
 Discussion Leader: Jean Taylor
 Rapporteur: Lettie Vicchelli

Workshop 4b - Topic: Home Support Services
 Discussion Leader: Margaret Fulton
 Rapporteur: Pat Rafferty

Evening

Wine and Cheese Reception: 500 Ballroom 5:00 - 7:00 p.m.

Films "Something to Celebrate" NFB 7:30 - 8:30 p.m.
 In 500 Ballroom

TUESDAY, DECEMBER 4

Morning

Registration (for Decision-Makers) 8:45 - 9:15 a.m.

Plenary OAK ROOM 9:15 - 10:00 a.m.

Chair: Fred Grayston

- 1) Welcome to decision-makers: Thelma Scambler NACA
- 2) Update on previous day's events: Rapporteurs
- 3) Briefing: John Clark NACA

Refreshment Break 10:00 - 10:15 a.m.

Workshops 10:15 - 11:15 a.m.

Seniors in same rooms as on Monday

Decision-Maker Workshop (Room 1705, 1706)

Discussion Leader: Sharon Martin
 Rapporteur: Rollo Boas

Chair: Patricia Fulton
 Rapporteurs Reports: Chairperson: C. Bayley
 Evaluation - Margery Boyce NACA/DVA
 Final Remarks - Thelma Scambler NACA
 Patricia Fulton

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1985-01E

NACA URGES REPRESENTATIONS FROM SENIORS ON GOVERNMENT CONSULTATION PAPERS

OTTAWA, FEBRUARY 12, 1985 - Further to the release of the Consultation Paper on Child and Elderly Benefits, Yhetta Gold, President of the National Advisory Council on Aging has written to over 300 seniors' associations to urge them to make representations "on ways and means to improve the Canadian retirement income system for the current elderly and the next generation of seniors."

In her letter, she suggested that they write directly to the Honourable Jake Epp, Minister of National Health and Welfare in response to his invitation. She also suggested that they contact their local Member of Parliament and the Standing Committee of the House of Commons on Health, Welfare and Social Affairs.

Commenting on the Consultation Paper, Mrs Gold was pleased to note that the Government will be guided by three basic principles, one of which is the concept of universality of the Old Age Security Pension. She pointed out, however, that "the Consultation Paper leaves many questions unanswered with respect to the future of the Canadian retirement income system."

The letter goes on to announce that the Council will make its own representations to the Minister and the Government in which it will focus on key elements of an improved retirement income system. These are:

- 1) to eliminate poverty among the current elderly population in Canada;
- 2) to modify the tax system to benefit low and middle-income elderly Canadians;
- 3) to encourage Canadians to supplement their retirement income;

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- 4) to increase the self-sufficiency of future generations of retirees;
- 5) to provide better information on programs and services, and
- 6) to improve community services to enable elderly Canadians to continue to live independently in the community.

In reference to recent Government papers of interest to seniors, Mrs Gold also encouraged representations to the Honourable Bill McKnight, Minister responsible for Canada Mortgage and Housing Corporation (CMHC) on his Consultation Paper on Housing and to the Honourable John Crosbie, Minister of Justice on his paper entitled Equality Issues in Federal Law.

In closing her letter, Mrs Gold indicated that the Council would like to hear from seniors and seniors' organizations on these matters. "This would be useful to us as we develop our representations to Government", she concluded.

Mrs Gold also reported that she had sent a letter to Mr. Epp regarding the proposed amendments to the Old Age Security Act. In her letter, she told the Minister that the Council approved of the extension of the Spouse's Allowance Benefits to all low-income widows and widowers aged 60 to 64. However, she added that NACA firmly believes a similar benefit should be provided to all low-income individuals in this age group, most of whom are women. She stated, "This would go a long way to eliminate one of the more glaring weaknesses in the income security system in Canada."

Ref: Johanne Lussier

Tel: 613-990-7627

Disponible également en français

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1985-02E

Government
Publications

CANADA CANNOT AFFORD TO REDUCE THE PURCHASING POWER OF SENIORS: NACA
OTTAWA, MARCH 21, 1985 - In a submission to the Commons Standing
Committee on Health, Welfare and Social Affairs, the National Advisory
Council on Aging (NACA) concluded that "Canada cannot afford to reduce
the purchasing power of the fastest growing segment of the population".

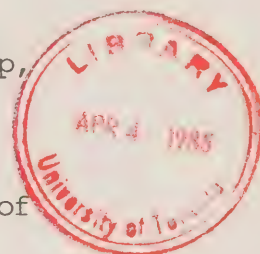
NACA focused on improvements that will benefit the current old
and the future old in response to the Child and Elderly Benefits
Discussion Paper tabled earlier this year by the Honourable Jake Epp,
Minister of National Health and Welfare.

According to the Council all future changes to the Canadian
retirement income system must have as their basis, the universality of
Old Age Security (OAS) and the abolition of a mandatory retirement
age.

The Council recognized that under the Income Tax Act, the current
regulations clearly favor high income earners who are able to take advantage
of the income tax system. The low income earners and the poor who are
rarely able to benefit from the income tax legislation have been at a
clear disadvantage in planning their own retirement income because of the
inequities in this legislation.

To correct the inequities of the tax system, the Council recommends
that the existing retirement-related tax exemptions and deductions such
as the Age Exemption, the Pension Income Deduction and the RRSP Deduction
be transformed into an Elderly Tax Credit.

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Government
of Canada

Gouvernement
du Canada

National Advisory
Council on Aging

Conseil consultatif national
sur le troisième âge

Ottawa
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In its letter, NACA identified two areas where systemic discrimination occurs and which were not addressed in the Discussion Paper. These are: the income tax system and the condition of older workers.

The Council believes that existing retirement-related tax exemptions and deductions make it very difficult for low-income earners to plan for self-sufficiency during their retirement years. Similarly, current training and employment practices limit training opportunities for older workers and make it virtually impossible to secure employment following the loss of a job.

To correct these inequities, the Council recommended that the government eliminate the distinction relating to retirement savings in the Income Tax Act and the distinction based on age in its labour legislation, training and employment policies and practices.

Mrs. Gold concluded in these terms: "Discrimination on the basis of age reflects social attitudes which are deeply entrenched. This is so true, that people will resist change; even if the change that is proposed will be to their advantage one day".

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PENSION REFORM MOVES AHEAD WHILE SENIORS TIGHTEN THEIR BELT - N A C A

OTTAWA, MAY 30, 1985 - When asked to comment on the Budget, Yhetta Gold, President of the National Advisory Council on Aging (NACA) stated "I am pleased that, after a decade of discussion, the Government is finally moving ahead with pension reforms which will benefit future retirees. However, I am very unhappy with the fact that senior Canadians are being asked to tighten their belt once more to make a substantive contribution to reducing the deficit. This is most unfair."

Mrs. Gold explained that the amendments to the Pension Benefits Standard Act proposed by Mr. Wilson will establish improved standards for federally-regulated pension plans. Also, the more generous limits on tax-assisted savings for retirement will enable many Canadians to plan their retirement.

"NACA", she stated, "would have hoped for a stronger commitment to inflation protection and employee participation on pension management committees. Also, some indication of the Government's willingness to correct the inequity in the income tax system would have been well-come. The current system gives a clear disadvantage to low income earners in planning their retirement." The President of NACA went on to say that "Unfortunately, many seniors will have the impression that the Government has broken its promises to **redirect savings from program changes to those most in need and not apply these to a reduction of the deficit.**"

The partial de-indexing of OAS is expected to cost older Canadians \$1.6 billion by the year 1990-91. This means that seniors receiving OAS and the supplement, many of whom are already below the poverty



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line, will be contributing \$100 in 1986-87 to reduce the deficit and over \$500 a year by 1990-91. Add to this the partial de-indexing of personal exemptions, the elimination of the \$50 federal personal tax reduction, the increases in federal sales and excise taxes and the reduction of \$2 billion in transfer payments to the Provinces will have a dramatic effect on the purchasing power of seniors.

"This is definitely a tough Budget, but not a fair one to seniors." According to Mrs. Gold, "Older Canadians, particularly those on a fixed income, are being asked to bear more than a fair share of the reductions proposed by Mr. Wilson."

The Council has written to the Honourable Jake Epp to advise him that the proposed de-indexing of OAS will undermine over time, the very concept of universality. Mrs. Gold concluded, "I have, therefore, urged the Minister to propose to his colleagues that low-income seniors should have their benefits fully protected. These benefits should continue to be fully indexed, OAS as well as GIS, in accordance with the Government's recognition that the deficit should not be the responsibility of those in greatest need."

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"REINSTATE INDEXING" - NACA SAYS

OTTAWA, JUNE 13, 1985 - "For the first time there is a sense of conviction and cohesion among senior Canadians", stated Mrs. Yhetta Gold, President of the National Advisory Council on Aging (NACA) in a letter to the Honourable Jake Epp, Minister of National Health and Welfare. "The May 23 Budget... has stimulated seniors to join together to lobby and advocate on their own behalf. Seniors are saying 'Listen to Me!' to government".

Commenting on her letter, Mrs. Gold indicated that "de-indexing has not only brought seniors together but also many other Canadians including youth and business groups".

In its letter to Mr. Epp, NACA referred to the response of seniors across Canada to the May 23 Budget and "their belief that they (seniors) should not be penalized any more than the general public".

"NACA is encouraged by the response of seniors and their associations and is sure that seniors will continue their efforts", Mrs. Gold stated.



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The letter to Mr. Epp refers to other effects of de-indexing. According to the Council "it will provide a short term saving in exchange for a long term loss". "The stress associated with a tighter and tighter budget will take its toll. More and more senior Canadians will find it difficult to cope with a deteriorating physical, mental and social condition. In time, expenditures for other types of care will limit the savings due to de-indexing", according to the Council.

NACA also believes that pre-retirees, the 60 to 64 age group (1.1 million Canadians with an average income of less than \$17,000) will be hurt by de-indexing OAS. "Many will have to modify drastically their retirement plans and save more to compensate for their loss of income, or delay their retirement", said Mrs. Gold. "The first is not conducive to economic growth and the latter will have Canadians even more anxious about jobs."

In concluding her comments, Mrs. Gold stated that "NACA hopes that recent signs of growth in the economy and recent public statements of concern about pensions will encourage the Government to reverse its decision on de-indexing OAS. This, in turn, will have a positive influence on consumer expenditures and the economy. Let us not forget that seniors, in addition to their political influence and voting clout, also wield considerable purchasing power.

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SENIORS
AND
DECISION-MAKING

Based on
"Listen to Me!"
A program of NACA
August 1985



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SENIORS AND DECISION-MAKING

INTRODUCTION

Seniors have been involved in decision-making for years and will continue to be involved.

The involvement by seniors in decision-making was examined in the Canadian Governmental Report on Aging and the Canadian Non-Governmental Organization's Report on Aging prepared for the Canadian Delegation to the World Assembly on Aging, held in Vienna in the Summer of 1982. The involvement of seniors in decision-making was examined at the World Assembly and was enunciated as one of the 14 principles adopted by the Assembly. It reads:

The aging should be active participants in the formulation and implementation of policies, including those especially affecting them.

This matter was subsequently given national prominence at the Second Canadian Conference on Aging convened by the Minister of National Health and Welfare in Ottawa in October, 1983. At this conference, one of the Work Groups examined "The Involvement of Older Persons in Society's Policy and Decision-Making Processes". The Second Canadian Conference on Aging proposed 275 strategies for improving the quality of life of seniors, several being related to the involvement of seniors in decision-making.

As a follow-up to this conference the National Advisory Council on Aging (NACA) decided to encourage seniors to study and become more involved in decision-making. Accordingly, the Council launched an Action Plan called "Listen to Me!" in June 1984. Specifically, this Action Plan informs older Canadians about the processes of decision-making and encourages them to become more active in decision-making.

In cooperation with seniors' organizations and with the assistance of the Canada Mortgage and Housing Corporation, NACA organized meetings on decision-making at five locations across Canada: Saskatoon, November 15 and 16, 1984; Fredericton, November 19 and 20; Montreal, November 21 and 22; Toronto, November 29 and 30; and Vancouver, December 3 and 4, 1984.

THE "LISTEN TO ME!" PROCESS

"Listen to Me!" meetings are quite different from meetings usually held by seniors. As a general rule, seniors meet to discuss issues and problems of concern to elderly persons and to make recommendations, whereas the "Listen to Me!" meetings are organized around the theme of **involving** older Canadians in the decision-making process. "Listen to Me!" provides an opportunity to study decision-making - who makes the decisions, how the process works, and how seniors might get involved.

The essential component of the "Listen to Me!" meetings is a three-stage workshop process described below:

First Workshop Session: In this session, participants are asked to chose two or three topics that could be used to study the decision-making process and the involvement of seniors. The topics can be any issue of concern to elderly persons. Taking each topic in turn, participants are asked to determine: Who is consulted? Are older persons consulted? If so, to what extent are they consulted? If not, why not?

Second Workshop Session: In this session, decision-makers join the workshop to review and examine the discussion in relation to each topic selected in the first workshop. Together seniors and decision-makers examine who makes the decisions, who is consulted and involved in decision-making, whether seniors are involved and to what extent.

Third Workshop Session: In this session, seniors meet again by themselves and review the discussions in the previous workshop. Then they set out the actions they could or should take to become more involved in decision-making. Finally, they draw general conclusions on decision-making and senior involvement.

DECISION-MAKING AND THE INVOLVEMENT OF SENIORS

The "Listen to Me!" meetings were important in several respects:

- the meetings were a departure from the usual format of seniors' meetings and concentrated on a process for studying decision-making and the involvement of seniors;
- the meetings for the first time involved the persons who make the decisions and the persons affected by decisions in a face-to-face dialogue.

A more detailed analysis of decision-making and the involvement of seniors is developed in this section under the following headings:

1. decision-making;
2. decision-makers;
3. the meaning of involvement in decision-making;
4. barriers to involvement in decision-making;
5. current involvement of seniors;

6. reasons why seniors should be involved;
7. techniques for getting involved.

The material used for this assessment is based on the findings of the five "Listen to Me!" meetings as well as the notes and tapes of these meetings and the follow-up evaluation.

1. Decision-Making

Each person, regardless of age, is affected in so many ways by decisions, whether these are decisions that he/she makes or whether they are decisions made by other persons as individuals or as members of an organization.

A strong impression prevailed at the "Listen to Me!" meetings that the only decision-makers were those in government, particularly politicians. While it is true that many important and far-reaching decisions are made by government officials and by politicians; it is also true that many important decisions are made by nongovernmental organizations, business, industries, unions and so on, and by individuals in a professional capacity.

Making a decision can be relatively simple, involving a single person and a straight-forward issue, or it can be a very complex process where many persons are involved and the factors taken into account are numerous, complex and interacting. For example, a decision by a doctor on a fairly routine medical condition can be relatively simple. However, should the medical problem be more complex and require medical tests and consultations with other health professionals, the decision-making process becomes more and more complex. Similarly, decisions made within an organization can be relatively simple, involving a single decision-maker and a simple issue, ranging to very complex decisions where more persons are involved and the issue being addressed is complex and far-reaching in scope.

In large organizations, the decision-making structure resembles a pyramid. Decision-makers at the lower levels are more numerous but their areas of influence are limited. On the other hand, decision-makers at the upper levels of an organization are fewer in number but their areas of influence are much wider. In addition, decisions made by those in the upper echelons involve more people as contributors to the process than those made at the lower levels and are likely to be more difficult.

Within an organization, decisions can either deal with policy matters or with operations. Normally, decision-makers in each of these areas have a separate hierarchy of advisers

providing input into decisions, and different factors will affect the formulation of such decisions. However, there is often interaction between members of the two groups with decision-makers and policy analysts in one area providing advice and input to decision-makers and operational staff in the other area, and vice versa.

2. Decision-Makers

The concept of "decision-maker" was not clear when the first "Listen to Me!" meeting was held but rapidly became clearer as the consultations progressed. In its simplest expression, a decision-maker is a person who makes a decision. The meaning was expanded to include persons who contribute to the making of decisions but who do not actually make the decision.

Decision-makers are located at all levels of an organization and in all areas of activity: governments, businesses, industries, unions, health institutions, educational institutions, institutions in the voluntary sector - to name but a few. In addition, there are many individuals who perform the role of decision-maker: doctors, lawyers, accountants and so on.

As a general rule, decision-makers at the "Listen to Me!" meetings were not aware of the needs and concerns of seniors and how seniors were affected by their decisions. Some decision-makers did not want to have seniors involved, while others favoured their involvement. Still others found the contacts with seniors to be helpful and were of the opinion that much could be gained by continuing the dialogue with seniors in relation to their involvement in the decision-making process.

Seniors, on the other hand, found decision-makers at the meetings to be more open than they had anticipated, willing to listen and, for the most part, willing to try to involve seniors in decision-making. They learned much about how decisions are made and the constraints under which decision-makers must operate.

3. The Meaning of Involvement in Decision-Making

Involvement in decision-making has three different meanings:

Influencing decisions from outside the decision-making process involves lobbying, presenting briefs, making personal representations to those who make decisions, writing letters to the media and to those in positions of authority, and getting others in positions of influence to intercede on your behalf.

Direct involvement in decision-making means functioning as a decision-maker within an organization or in a personal capacity, or making meaningful contributions to the formulation of decisions in an area of activity.

Networking is the interaction between people and groups who meet and talk together, learn from each other and use each others skills and expertise in order to achieve a particular objective. Networks can be informal i.e., a discussion group, or formal, i.e., a professional organization. They are important as a source of mutual help, as a means of sharing burdens, and as a ready and reliable source of information. In relation to involvement in decision-making, networking is a source of support, information, advice, skill and expertise.

4. Barriers to Involvement in Decision-Making

Many barriers prevent seniors from being actively involved in decision-making or reduce the effectiveness of their participation. Society's institutions are organized in such a way as to restrict the employment opportunities of seniors and to limit their incomes and devalue their potential for contributing to Canadian society. Yet another societal barrier are the myths and stereotypes about the value of seniors as contributors to the various processes of decision-making that prevail in the thinking of younger members of society.

One of the subtle barriers to involvement identified at the meetings was that of tokenism. Tokenism reflects the paternalistic attitude of those in authority towards seniors. Its expression consists of making token appointments of seniors to organizations in which they are not consulted or their views considered; or having them appointed to the boards of certain organizations where they are in a minority and thus may have little impact on the decisions made.

The complexity of programs and services poses yet another barrier to involvement. Many seniors lack the knowledge and background to understand the functioning of programs and services and consequently experience great difficulty in becoming involved in decisions relating to them. Often, too, seniors know very little about the process of decision-making, how to get involved, the factors affecting decisions, the persons involved in decision-making and the roles that different persons play in the making of decisions. These unknowns and complexities hinder their involvement in decision-making.

The lack of effective communication is also a barrier to the involvement of seniors. Poor communication can and does exist among seniors; within their organizations, between and

among seniors' organizations and between seniors' groups and other groups. In addition, poor communication can and does occur between seniors and decision-makers.

Related to the problem of communication are the difficulties experienced in the use of technical terminology or jargon. This gives rise to misunderstandings between seniors and decision-makers or providers of services.

The lack of organization within seniors' groups can be a barrier to the involvement of seniors. This is evident in the lack of appropriate mechanisms within seniors' groups for dealing with the process of becoming involved in decision-making.

To be able to influence decisions, seniors must have ready access to decision-makers. In some cases, access is relatively easy and is welcomed by the decision-makers. In other cases, access is very difficult. Sometimes access is not blocked by decision-makers themselves, but by others at lower levels of authority who prevent seniors from gaining access to decision-makers.

The attitudes of seniors may prevent involvement or reduce the effectiveness of their involvement in decision-making. Seniors may be unwilling to make the effort to get involved, or they may be too ready to accept their lot as clients, users, patients and consumers and do little about their own problems. Seniors may feel that others should take action, or even that others are currently acting on their behalf. Seniors may feel that it is not fair for them to carry the full load of influencing decisions and that others should also be involved. They may feel quite strongly that they have the right to decide on how much they should be involved. Seniors may underestimate their impact on decision-makers by not realizing their potential power and the full extent of the resources at their command.

Related to the matter of attitudes is the fear of retaliation should seniors complain or initiate actions to change decisions. This can be quite dominant, particularly among seniors who are institutionalized and among the families of such persons; this can be a significant barrier to influencing or participating in decision-making.

Yet another barrier to the involvement of seniors in decision-making is the barrier of language. This situation occurs where the decision-makers speak one language and the seniors coming in contact with them speak another. In these circumstances, seniors are not able to make their views known and require the assistance of interpreters.

5. Current Involvement of Seniors

Despite these barriers, many seniors are involved. As individuals, seniors have a personal responsibility for their personal health, well-being and financial status, as they have had for years and will continue to have in the future. Many seniors who were former decision-makers continue to be directly involved in decision-making and/or influence decisions because of their knowledge, background and expertise.

Seniors are members of organizations which advise on policy matters affecting seniors or are responsible for programs and services for seniors. Members of seniors' organizations affect decisions through lobbying, presenting briefs, making representations to appropriate decision-makers in government, business, and private institutions, and by enlisting public support to affect policies and programs for seniors.

6. Reasons Why Seniors Should be Involved

A fundamental reason for seniors to become involved in decision-making is the aging of the population. As the size of the older population grows absolutely and in relation to the rest of the population, this factor will have a tremendous impact on society, its institutions, its way of thinking and its values. Society will have to make decisions on how to allocate scarce resources in light of these changes. Seniors must be involved in the making of these decisions.

Seniors have seen and experienced more social change than any other group in the world today. They have the experience, skills, knowledge and background necessary to make valuable contributions to decisions affecting the well-being of all citizens.

In these times of restraint, seniors have a responsibility to preserve and improve the quality of health care and income support systems and to insist on the provision of adequate housing and transportation to enable them to continue to live independently in the community.

Seniors are their own best advocates. Involved seniors who come from ethnic or cultural minority groups can relate better to these groups, better understand their needs and aspirations, and be more forceful and articulate in representing their needs to decision-makers.

Governments spend considerable money to evaluate the effectiveness and efficiency of programs and services for seniors. Seniors know the strengths and shortcomings of the services they receive. They can suggest how services may be

improved and identify what services are lacking and how they should be delivered. Seniors can provide useful advice to policy-makers and to program administrators - advice which could make these programs more effective and efficient.

Seniors are more and more aware of the need to lobby and advocate. They have the time to become involved in decision-making and to better prepare themselves through training, education and actual experience in being involved. Seniors are able to maintain a watch on issues that concern seniors and to marshall seniors' groups for quick and effective action when such action is needed.

7. Techniques to Become Involved

There are many techniques that can be used to become involved in decision-making. These will vary considerably depending on the time and place, whether seniors are preparing themselves to get involved through training and development, whether they are promoting the involvement of other seniors or getting others to advocate on their behalf, and whether seniors are monitoring their past interventions with respect to involvement in decision-making.

(a) Direct Participation

- seniors and seniors' associations can seek to have seniors appointed to advisory bodies and to the boards of organizations responsible for the operation of programs and delivery of services in order that seniors may have a direct say in the decisions of these bodies;
- seniors can get personally involved in politics as an active party member, or try to get elected to public office at different governmental levels in order to participate more directly in political decisions;
- seniors and seniors' associations can make the necessary efforts to contact seniors who are decision-makers in different capacities in different organizations and enlist their help to support the interests of other seniors.

(b) Lobbying

- seniors and their organizations can lobby politicians and government officials at the different levels of government as well as lobby officials in business and private organizations;

- seniors can ensure that their views and concerns are known to planners at an early stage in project or program development and before decisions are made which could be difficult to change in the future.

(c) Networking

- seniors can cooperate with groups of seniors and non-seniors on issues of common concern;
- seniors can create effective communications and information networks within seniors' groups, between seniors' groups and other groups in society;
- seniors can develop contacts within the community for additional support, i.e., labour unions, human rights groups, influential community groups, and influential people within the community.

(d) Effective involvement in decision-making implies a need for adequate preparation, which:

- consists of seniors learning about decision-making and how to get involved; identifying leaders and potential leaders among seniors' groups and providing them with encouragement and training; and ensuring that leaders in seniors' organizations are well prepared to get involved in decision-making;
- implies studying the techniques used by organizations that know how to influence decision-makers and using their procedures to get involved in decision-making;
- aims at ensuring that representations are well prepared and well documented with facts and data;
- involves assessing the situation in each case to find out who are the decision-makers, who should be approached and how that person or persons should be approached.

(e) Yet another requisite for effective involvement is the matter of motivation. This involves:

- motivating seniors individually and seniors' groups to get involved in decision-making, or, if they are involved, to deepen their involvement;

- using members of the media and other public relations techniques to widely publicize the involvement of seniors in decision-making in order to make members of the public and decision-makers aware of this involvement, thereby encouraging their acceptance of the fact that seniors are willing to participate.

(f) Monitoring

- making sure that there is follow-up to briefs and submissions to find out whether and what action has been taken on the representations made by seniors, and to make sure that decision-makers are aware of the continued interest by seniors in the particular issues being addressed;
- ensuring that seniors are present whenever matters of interest to seniors are being discussed by municipal councils, provincial legislatures and by Parliament or by other decision-making bodies.

CONCLUSION

"Listen to Me!" made the public aware of the efforts of seniors to get involved in decision-making and increased the awareness of seniors about the need to get involved. They also made them aware of the latent power and resources which they can command to get involved in decision-making. The meetings also demonstrated how this power can be increased by uniting the efforts of seniors with the efforts of other groups in the community. Seniors know that they can only gain by becoming involved in decision-making.

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HOW TO ORGANIZE
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HOW TO ORGANIZE A "LISTEN TO ME!" MEETING IN YOUR COMMUNITY

INTRODUCTION

The purpose of this document is to provide older Canadians and their organizations with a detailed explanation on how to plan and organize a "Listen to Me!" meeting in their community.

"Listen to Me!" meetings are quite different from meetings usually held by seniors. As a general rule, seniors meet to discuss issues and problems of concern to them, whereas "Listen to Me!" meetings deal with the process of involving older Canadians in decision-making. They are designed to provide seniors with the opportunity to study decision-making - who makes the decisions, how the process works, and where opportunities exist for seniors to get involved.

Essential to a "Listen to Me!" meeting is the three-stage workshop process described below:

- (1) **First Workshop Session:** Senior participants are asked to choose two or three topics that could be used to study the decision-making process and the involvement of seniors. The topics can be any problem or any issue of concern to elderly persons. Taking each topic in turn, participants are asked to determine: Who is consulted? If so, to what extent are they consulted? If not, why not?
- (2) **Second Workshop Session:** Decision-makers are invited to the workshop to review and examine the discussions of the first session. Then, in relation to each topic selected in the first workshop, they examine together who makes the decisions, who is consulted and involved in decision-making, whether seniors are involved and to what extent, and how can they become involved.
- (3) **Third Workshop Session:** The senior participants review the discussion with the decision-makers and what they have learned about decision-making and their involvement in that process. Then, they set out the actions they could or should take to become more involved in decision-making and their general conclusions on decision-making and getting involved.

PLANNING A "LISTEN TO ME" MEETING

(1) The Nature of the Meeting

The meeting to be planned will concentrate on a process: the process of decision-making and the involvement of seniors in this process. It is important for the planners to keep this in mind, otherwise, they could easily find themselves planning a meeting which deals with problems and issues of concern to seniors and fails to examine the process of decision-making.

(2) Planning Committee

Seniors' groups proposing to organize a "Listen to Me!" meeting should, as a first step, appoint a Planning Committee. The Planning Committee should consist of 7-8 persons, one of whom should be selected as chairperson.

(3) Terms of Reference

As a next step, the Planning Committee should agree on its terms of reference. The following are suggested as a prototype for the guidance of the Planning Committee:

- (a) to establish the purpose of the meeting;
- (b) to direct the preparation of the meeting;
- (c) to coordinate the operation of the meeting;
- (d) to plan the follow-up or ensure further action by seniors after the meeting.

(4) Size of the Meeting

The Planning Committee must decide very early the size of the meeting. Its size will be determined by the financial resources available, the number of seniors' groups involved in organizing the meeting, the expressed wishes of these groups, and the number of seniors available to participate in the meeting.

The Planning Committee might decide on a small or basic meeting or a full-scale meeting.

(a) Basic Meeting

The basic meeting could consist of one workshop meeting in three sessions as described earlier. This workshop should include 8-12 members, a discussion leader, a rapporteur and decision-makers. The topics to be used to examine decision-making could be pre-selected or determined by the workshop at its first session.

It is recommended that such a meeting be held over two days to permit sufficient time for discussions. The experience gained through the "Listen to Me!" meetings stressed the need to allow sufficient time for discussions in the workshops and by participants between the workshops.

(b) Full-Scale Meeting

A full-scale meeting corresponds in size to the "Listen to Me!" meetings organized by the National Advisory Council on Aging (NACA) in November-December 1984. It would be a multi-workshop meeting using the three-stage workshop process described earlier. It would include an opening plenary session, a plenary session before the second and third workshop sessions, and a closing plenary. Briefing sessions would be held for discussion leaders, rapporteurs and decision-makers. The meeting might also include greeters, i.e. persons who would bring greetings to participants from organizations such as the city, the province, the federal government, etc, and guest speakers; and could include a banquet or a wine and cheese reception.

It is recommended that the full-scale meeting be held over two days in order to give sufficient time for discussions in and between workshops and for holding other events during the meeting.

A full-scale meeting might be preferred when a large number of organizations are involved, or the meeting is proposed for a fairly large community, such as part of a province or for the entire province.

(5) **Resources**

For the basic meeting, one person on a part-time basis (seconded, paid or volunteer) should be able to support the Planning Committee in all phases of planning and organizing the meeting, coordinate the holding of the meeting, conduct the briefings and be responsible for follow-up.

For the full-scale meeting, one person on a full-time basis (seconded, paid or volunteer) will be required to provide staff support to the Planning Committee, act as a coordinator for the meeting, conduct the briefing sessions during the meeting and be responsible for follow-up. It is probable that temporary help will be required during the telephoning phase of the planning to contact participants. This could be handled by hiring temporary assistance or by using members of the Planning Committee.

Planning Committees are urged to involve members of the media in their meetings. To contact members of the media and to coordinate their activities, a specific person on a part-time basis should be designated.

(6) Planning Schedules

It is suggested that a planning schedule be drawn up whether it is small or large meeting.

Two planning schedules are set out in Appendix A. These are: a planning schedule for a basic meeting using a time-frame of four weeks, and a planning schedule for the full-scale meeting using a time-frame of eight weeks. These are suggested time-frames only. Each Planning Committee has to decide on how much time is needed to plan their particular meeting.

It is important to allow sufficient time during the meeting to ensure the comfortable completion of all the planned functions.

(7) Finances

Financial resources will be needed to hold the meeting - to hire staff (optional), to pay the rent for meeting space (if necessary), to print material, to telephone, to subsidize travel and hotel costs for participants (optional), to pay for formal meal(s) (optional) and so on.

The Planning Committee must seek out finances for these meetings. Possible sources are:

- (i) the seniors' organizations involved in planning the meeting;
- (ii) private funding; local, provincial, or national;
- (iii) governments; municipal, provincial or federal.

MATTERS REQUIRING SPECIAL ATTENTION IN PLANNING

Several items included in the planning schedules require special attention and are examined in the following section of this paper.

(1) **Agenda**

An agenda will be required for the meeting. To assist the Planning Committee in developing an agenda, we have included a suggested program for a basic meeting as Appendix B; and suggested program for a full-scale meeting as in Appendix C.

(2) **The Process Used at the Meeting**

The essential and vital ingredient of a "Listen to Me!" meeting is a three-stage workshop process. This process has been described in detail and reference should be made to it.

In addition to the three-stage workshop process, special briefing sessions are required for:

- (a) discussion leaders and rapporteurs before and after each workshop session;
- (b) decision-makers to receive a special briefing prior to the second workshop session;
- (c) senior participants in the plenary sessions preceding each workshop session.

These briefing sessions are important because they ensure that all concentrate on the process of decision-making and getting involved in decision-making.

Plenary sessions are suggested to explain the purpose of the meeting and to provide more information to the participants on the roles they are expected to play.

(3) **Selection of Participants**

Regardless of the size of the meeting, meetings should include senior participants, discussion leaders, rapporteurs, and decision-makers. Larger meetings should also include a chief rapporteur.

(a) Selection of Senior Participants

It is suggested that attention be paid to selecting participants who represent the general population of seniors, reflecting sex, language, ethnic, cultural and

regional differences. Attention should also be paid both to select seniors who are involved in decision-making and/or community activities as well as seniors who are not so involved.

(b) Selection of Discussion Leaders and Rapporteurs

Discussion leaders and rapporteurs play a key role in these meetings. The success of these meetings depends very much on the quality of persons chosen to undertake these functions. To assist the Planning Committee in the choice of discussion leaders and rapporteurs, the functions of these positions and the selection criteria are described below:

- (i) The discussion leader explains the workshop process to participants, guides the discussions in the workshop, ensures that everyone has an opportunity to speak, draws participants into the discussions, and acts as the chairperson for the workshop. Factors important in the selection of discussion leaders include: experience in the role, leadership qualities, ability to chair a meeting and to direct and lead discussions.
- (ii) The rapporteur acts as a time-keeper to ensure that the different matters being examined in a workshop are given sufficient time, records the discussions, synthesizes the findings and formulates conclusions, and tries to get a consensus on them. Finally the rapporteur reports to the meeting on behalf of the workshop members.
- (iii) The chief rapporteur (optional) must be able to present a clear, concise and factual report of the proceedings to the final plenary, using as input the reports prepared by the rapporteurs, the information picked up in short visits to the workshops, and discussions with participants.

The Planning Committee might consider inviting persons who are not seniors as discussion leaders and rapporteurs in order to have a mix of young and old persons at the meeting.

(c) Selection of Decision-Makers

Decision-makers play a crucial role in these meetings. These are persons who make decisions in their organizations or who contribute to or influence the decision-making process although they might not actually make

decisions. Their work experience should be in the area of the topics being discussed in the workshops. Decision-makers come from all kinds of organizations, whether governmental, non-governmental, private enterprise or the voluntary sector. They are usually at the executive or policy level of an organization.

The topics to be discussed in the workshops determine where the Planning Committee must go to find the decision-makers. It is important to determine the subjects to be discussed very early in the planning stage.

(4) Roles of Greeters and Guest Speakers

Greeters are persons who present greetings on behalf of organizations such as government, business and important private organizations. These are not absolutely necessary for the success of the meeting; but they do give recognition to what seniors are trying to do through the meetings. Small meetings may or may not use greeters but planners for larger meetings should consider the use of greeters.

The role of the guest speaker is to supplement the discussion on decision-making from the perspective of the guest speakers' background and experience.

Greeters deliver their message at the beginning of the meeting. Hence it will be relatively easy to fit them into the program. The Planning Committee will have to consider how best to fit guest speakers into the program, i.e. whether this can be held at the same time as a formal meal.

(5) Documentation

The only documents required for a "Listen to Me!" meeting are the Planning Schedule (Appendix A); the Program (Appendices B and C); the Registration Form (Appendix F); a Discussion Guide for participants (Appendix E) and a Rapporteur's Worksheet (Appendix G). A checklist of do's and don'ts is also included as Appendix D.

Other reports are also available from the NACA for use prior to the meeting: Background Notes, prepared for the "Listen to Me!" meetings and Seniors and Decision-Making, a report based on the results of these meetings, and the Proceedings for each of the meetings held in 1984.

(6) **Media Coverage**

It is important to inform the public about the nature and purpose of the meeting, to sensitize public figures and decision-makers about the need to involve seniors in decision-making and to encourage seniors to become personally involved in decision-making.

Journalists, personnel from radio and television and writers for seniors' newsletters and newspapers must be contacted prior to the meeting to encourage them to publicize and to cover the meeting. Arrangements must be made in advance for interviews and for attendance at press conferences. During the "Listen to Me!" meetings, arrangements were made to have a specialist on aging cover the meeting and prepare a report for publication. The Planning Committee might consider doing likewise, particularly for a full-scale meeting. The Planning Committee might also consider whether a press release about the meeting should be issued; and whether a description of the meeting and its purpose should be prepared and distributed to interested persons before and during the meeting.

(7) **Physical Arrangements**

Physical arrangements are important for the successful conduct of the meeting.

All the rooms should be large enough to accommodate 12-20 persons and provide enough space for coming and going and for easy access to a flip chart. It is preferable that not more than one workshop be accommodated in one room because discussions in one workshop can disrupt discussions in the other.

(a) Basic Meeting

For the basic meeting, only one meeting room would be needed to hold the workshop. If the meeting should consist of two or three workshops, it is suggested that these be accommodated in separate rooms if possible. Separate space should be provided outside these rooms for registration and information desks.

(b) Full-Scale Meeting

The requirements for a full-scale meeting are:

- (i) a large room for the plenary sessions; if large enough, this room can be used as well for one or two workshops;

- (ii) a separate room or area for each workshop; if two workshops are located in one room they should be well separate and screened so that discussions in one group are not disturbed by discussions in the other;
- (iii) the workshop rooms can be used as briefing rooms for discussion leaders and rapporteurs, and for decision-makers;
- (iv) space is required outside the workshop rooms for registration, for an information desk, and for members of the media.

CONDUCTING THE MEETING

(1) **Coordination**

(a) The Basic Meeting

The coordination of the basic meeting and briefing of the workshop leaders, decision-makers and the senior participants could be done by someone appointed by the Planning Committee. This coordinator would explain the purpose of the meeting, the procedures to be followed, and the specific roles to be carried out by discussion leaders, rapporteurs, and decision-makers.

(b) The Full-Scale Meeting

The full-scale meeting would be coordinated by a person appointed by the Planning Committee to provide support to the Committee and coordinate the meeting when it is held. The coordinator is the principal contact with the hotel/motel/other institution providing the facilities, equipment and services. The coordinator is responsible for the general management of the meeting to ensure that the meeting runs smoothly and takes care of problems that arise. He/she is responsible for visiting the meeting rooms 2-3 hours prior to the meeting to check facilities, the set up within the rooms and the equipment, and to make any last-minute changes required.

The coordinator also will be responsible for briefing the discussion leaders, rapporteurs and decision-makers, and for briefing participants during the plenary sessions.

The coordinator is responsible for greeting the persons carrying out special roles at the meeting, such as discussion leaders, rapporteurs, greeters and guest speakers, seeing to their needs, and showing them the general lay-out of the meeting.

Finally, the coordinator is also responsible for collecting material to be used for reporting on the meeting i.e. cassettes, reports by the rapporteurs, flip chart material, notes, etc.

(c) Direction to the Participants

Regardless of the size of the meeting, direction should be given to the discussion leaders, rapporteurs, decision-makers and to the senior participants. The briefing of discussion leaders and rapporteurs should be intensive, because these persons play crucial roles in directing the meeting. Similarly, the briefing of decision-makers should be detailed to ensure that they understand their role at the meeting.

Direction to participants is given through briefings at the plenary sessions, through the documents used at the meetings, and by the discussion leaders in the workshops.

(d) Media

The person responsible for media relations at the meeting should:

- (i) be available to the members of the media to provide information and to answer questions;
- (ii) make arrangements for special interviews or for television crews to televise designated sessions;
- (iii) arrange for press conferences by getting persons together, and being available during the press conference to brief and to assist leaders of the meeting;
- (iv) answer questions from the public about the meeting.

FOLLOW-UP

Each meeting should involve some follow-up.

It is important that the Planning Committee assess the views of the persons who attended the meeting. They could circulate a questionnaire to all who participated. The Committee should use the results of these questionnaires to report to the groups that organized the meeting. To assist the Planning Committee in this task, the questionnaire used at the "Listen to Me!" meetings is appended as Appendix H.

The follow-up for these meetings could also focus on certain aspects of decision-making; namely:

- (a) to disseminate information about decision-making and involvement to more and more seniors;
- (b) to break down negative attitudes among seniors about getting involved in decision-making;
- (c) to spread the message to seniors about the need to advocate on behalf of their interests and concerns.

The Planning Committee might also publicize the results of the meeting through the media, through newsletters of seniors organizations, or by circulating a report. In this way, the general public will be advised of the purpose of the meeting and seniors in general would be encouraged to learn more about decision-making.

CONCLUSION

"Listen to Me!" meetings are process-oriented. They are designed to study the process of decision-making and the involvement of seniors in decision-making.

A key element of a "Listen to Me!" the meeting is the face-to-face dialogue between decision-makers and seniors. The experience of the "Listen to Me!" meeting showed that this approach was most beneficial for members of both groups. Decision-makers came to better understand the concerns and needs of seniors. Seniors became aware of the complexities of the process of decision-making, and of the constraints under which decision-makers operate.

The procedures developed through the "Listen to Me!" meetings are flexible and could be used by any group interested in encouraging their members to become more involved in decision-making.

Good Luck!

HOW TO ORGANIZE A "LISTEN TO ME!" MEETING IN YOUR COMMUNITY - PLANNING GUIDES AND CONFERENCE DOCUMENTS

The appendices included in this document are those referred to in the explanatory report entitled "How to Organize a Listen to Me!" Meeting in Your Community" which is available from the National Advisory Council on Aging, Ottawa, Ontario, Canada, K1A 0K9.

PLANNING GUIDES

The following appendices have been designed to help a local Planning Committee plan a "Listen To Me!" meeting.

Appendix A: Planning Schedules

Appendix B: A Suggested Program for a Basic Meeting

Appendix C: A Suggested Program for a Full-Scale Meeting

Appendix D: Things to Watch for in Planning a "Listen to Me!" Meeting

CONFERENCE DOCUMENTS

The following documents were used at the "Listen to Me!" meetings held in 1984 and may be useful for similar meetings elsewhere.

Appendix E: Discussion Guide for Participants

Appendix F: Registration Form

Appendix G: Rapporteur's Work Sheet

Appendix H: Follow-up Questionnaire

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PLANNING SCHEDULES

Two planning schedules are set out below. The first is a planning schedule for a basic meeting using a four-week planning time frame. The second is a schedule for a full-scale meeting using an eight-week planning time frame.

A. A PLANNING SCHEDULE FOR A BASIC MEETING

A basic meeting consists of one to three workshops.

Four Weeks Before the Meeting

- Appoint a Planning Committee, select its members and appoint a chairperson;
- appoint a coordinator to provide staff support to the committee, to make arrangements for the meeting, to be the coordinator at the meeting, and to be responsible for follow-up;
- fix the dates of the meeting;
- determine place of the meeting and make arrangements for a meeting place;
- select a theme for the meeting and develop the program (agenda) for the meeting;
- determine the subject for each workshop;
- prepare lists of possible participants, discussion leaders and rapporteurs;
- based on the subject matter for each workshop prepare lists of decision-makers who should be invited;

Three Weeks Before the Meeting

- Determine the mix of participants to be invited to the meeting;
- select participants, discussion leader(s) and rapporteur(s) and make arrangements to invite them to the meeting;
- select decision-makers and make arrangements to invite them to the meeting;

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- approach the media to inform them of the meeting and encourage them to attend; prepare information about the meeting for the media;
- finalize the program agenda for the meeting;
- review documents available from the "Listen to Me!" meetings, select the documents to be used and make arrangements for their revision and printing.
- prepare a list of substitute participants as back-up should others drop out;
- if necessary, make accommodation and travel arrangements for participants from out of town;
- appoint a person to chair the meeting; this could be a discussion leader of the workshop.

Two Weeks Before the Meeting

- Send out materials to all participants;
- call substitute participants (seniors, discussion leaders, rapporteurs, decision-makers) to replace those previously invited but who now are unable to attend;
- contact prospective writer(s) to prepare a report on the meeting for publication (preferably a volunteer);
- make arrangements for coffee breaks; or any meals during the meeting;

One Week Before the Meeting

- Brief the discussion leader(s); rapporteur(s) and decision-makers on the meeting;
- finalize arrangements with the media;
- check facilities at the meeting place to ensure that all is in order;
- make arrangements for registrations;
- make a final review of all arrangements and determine follow-up activities, if any.

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B. A PLANNING SCHEDULE FOR A FULL-SCALE MEETING

A full-scale meeting consists of four or more workshops and has the usual conference format i.e. plenary sessions, speakers, formal registration, etc.

Eight Weeks Before the Meeting

- Appoint a Planning Committee, select its members, and appoint a chairperson;
- appoint a coordinator to provide staff support to the committee, to make arrangements for the meeting, to be the coordinator at the meeting, and to be responsible for follow-up;
- fix the dates of the meeting;
- determine space requirements for the meeting and identify possible locations for the meeting;
- select a theme for the meeting and develop the program (agenda) for the meeting;
- identify tentative topics for the workshops;
- prepare lists of possible participants, discussion leaders and rapporteurs;
- prepare lists of possible speakers and greeters;
- based on the subject matter for each workshop prepare lists of possible decision-makers to be invited;

Seven Weeks Before the Meeting

- Make arrangements to invite participants, discussion leaders, rapporteurs and decision-makers, and for temporary assistance needed to do the telephoning (members of the Planning Committee could be asked to assist in this task);
- examine possible locations for the meeting and select the most suitable;
- revise list of speakers and greeters and delegate responsibility for initial contact;
- revise lists of possible participants, discussion leaders, rapporteurs and decision-makers;

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Six Week Before the Meeting

- Review invitations: speakers and greeters, senior participants, discussions leaders, rapporteurs and decision-makers;
- review response to initial invitation and adopt approach as appropriate;
- prepare list of alternate speakers, etc., and arrange for invitations;
- determine whether the meeting should be covered by the media; if so, appoint a person to deal with the media - this should be a member of the Planning Committee;
- review documentation available from the "Listen to Me!" meetings select the documents to be used and make arrangements for their revision and printing;

Five Weeks Before the Meeting

- Prepare lists of participants (seniors, discussion leaders, rapporteurs, decision-makers) who have accepted;
- make arrangements for hotel accommodation and for travel for persons coming from out of town;
- finalize arrangements for greeters and guest speakers and send invitations;
- review and finalize program for the meeting;
- decide whether there will be formal meals, i.e. luncheon, or dinner, or wine and cheese and arrange for these; determine how such meals are to be paid for (i.e. by participants, or through funding); (optional)

Four Weeks Before the Meeting

- Review status of arrangements:
 - space for meeting and for formal meal,
 - documentation for the meeting and status of its preparation,
 - lists of participants, discussion leaders and rapporteurs,
 - hotel and travel arrangements,
 - selection of workshop topics,
 - invitations to greeters and guest speakers,
 - media arrangements,

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- mail out material to participants, discussion leaders, rapporteurs, decision-makers, guest speakers, greeters;
- determine what the follow-up to the meeting should be and make the necessary arrangements;
- contact the media to provide them with background information; prepare a press release for the media giving information about the meeting;
- identify persons to work at registration and information desks;
- identify chief rapporteur (optional);
- identify persons to introduce and thank guest speakers;

Three Weeks Before the Meeting

- approach writer/journalist to attend and report on the meeting (optional);
- confirm names of chief rapporteur, introducers and thankers, volunteers at registration and information;
- visit the location where the meeting is to be held and check out facilities, equipment and arrangements;

Two Weeks Before the Meeting

- Arrange for back-up discussion leader(s) and rapporteur(s);
- check with guest speakers for copies of their talks;
- conduct a final review of all arrangements for the meeting i.e. facilities, equipment (flip charts, etc.), documentation, etc;

One Week Before the Meeting

- Meet with greeters, discussion leaders and rapporteurs;
- contact media.

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A SUGGESTED PROGRAM FOR A BASIC MEETING

The following is a suggested program for a Basic Meeting which could consist of one, two or three workshops.

First Day

- (1) Introductory briefing prior to the first workshop to explain the purpose of the meeting and the roles to be played by the discussion leaders, rapporteurs and participants.
- (2) First Workshop Session: In this session, senior participants would be asked to choose two or three topics that could be used to study decision-making and the involvement of seniors in the process of decision-making. The topics could be a program or a service, or an element of these, or a problem or an issue of concern to elderly persons. Taking each topic in turn, participants would be asked to determine from their perspective: Who makes the decisions in relation to that topic? Who are consulted? Are older persons consulted? If so, to what extent are they consulted? If not, why not?

Second Day

- (3) A briefing session should be held just prior to the second workshop to brief the decision-makers on what has happened to date and on the roles that they will be expected to play in the second workshop session.
- (4) Second Workshop Session: In this session, decision-makers and participants review and examine the discussions of the first workshop in relation to each topic selected in the first session. Together, seniors and decision-makers examine who actually makes the decisions, who is actually consulted and involved in decision-making, whether seniors are involved and to what extent.
- (5) Third Workshop Session: In this session, seniors will meet by themselves. They review the discussions with the decision-makers and then they set out what they have learned about decision-making and their involvement in the process. Then they describe actions they would take to become more involved in decision-making. Finally, they draw their general conclusions on decision-making and senior involvement.
- (6) A final plenary could be held to report on the discussions in the workshops.

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Follow-up

- (7) A short time after the meeting all the participants, could be canvassed to get their views about the meeting and about decision-making and getting involved in this process.

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A SUGGESTED
PROGRAM FOR A FULL-SCALE MEETING

A Full-Scale meeting would consist of four or more workshops and use a usual conference format.

The following is a suggested program for a full-scale meeting showing the main components that could be included in such a program. It is suggested that the meeting be held over two days.

First Day

- (1) Pre-Meeting Briefing: At this briefing, discussion leaders and rapporteurs are briefed on the format of the meeting; the process to be followed in each of the sessions and the roles to be played by discussion leaders, rapporteurs and chief rapporteurs. An in-depth briefing would be given on the process to be used in the first workshop session and the roles to be undertaken by all the participants.
- (2) Opening Plenary: In the opening plenary, participants would be given a general briefing on the format of the meeting and the process for each of the sessions. A more detailed briefing would be given on the procedures to be followed in the first workshop session.
- (3) First Workshop Session: In this session, senior participants would be asked to choose two or three topics that could be used to study decision-making and the involvement of seniors in the process of decision-making. The topics could be a program or a service, or an element of these, or a problem or an issue of concern to elderly persons. Taking each topic in turn, participants would be asked to determine from their perspective: Who makes the decisions in relation to that topic? Who are consulted? Are older persons consulted? If so, to what extent are they consulted? If not, why not?
- (4) Briefing following the First Workshop Session: In this briefing session, discussion leaders and rapporteurs are briefed on the second and third workshop sessions. The role that the decision-makers are expected to play in the second workshop session is explained in detail.
- (5) Formal meal and talk by guest speaker or wine and cheese.

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Second Day

- (6) Prior to the second plenary session, decision-makers should be briefed on what has transpired to date and on the roles that they are expected to play in the second Workshop Session.
- (7) Second Plenary Session: In this session, senior participants are joined by decision-makers. Rapporteurs for each of the workshops report on the discussions in the workshops. Following these reports, both groups are briefed on the tasks to be addressed in the second workshop session.
- (8) Second Workshop Session: In this session, decision-makers and participants review and examine the discussions in the first workshop, in relation to each topic selected in the first session. Together, seniors and decision-makers examine who actually makes the decisions, who is actually consulted and involved in decision-making, whether seniors are involved and to what extent seniors are involved.
- (9) A debriefing should be held following the second workshop session for discussion leaders and rapporteurs. They should also be briefed in the third workshop session.
- (10) A third plenary session (optional): seniors are briefed regarding the procedures in the third workshop session.
- (11) Third Workshop Session: In this session, seniors will meet by themselves. They review the discussions with the decision-makers and then they set out what they have learned about decision-making and their involvement in the process. Then they describe actions they would take to become more involved in decision-making. Finally, they draw their general conclusions on decision-making and senior involvement.
- (12) Closing Plenary: In the closing plenary, rapporteurs from each workshop report on the discussions and the conclusions and observations made in their workshop. The chief rapporteur summarizes the two days of discussion and comment on the meeting and its usefulness.
- (13) Final Debriefing: Following the closing plenary, a debriefing should be held with discussion leaders, rapporteurs and members of the local planning committee. The purpose of this session is to canvass their views about the meeting, the process followed, the results obtained and the follow-up activities.

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Follow-up

- (14) A few weeks after the meeting, a follow-up questionnaire could be circulated to senior participants, discussion leaders, rapporteurs and decision-makers to get their views about the meeting, about decision-making and about the involvement of seniors in the process of decision-making.

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THINGS TO WATCH FOR IN PLANNING A "LISTEN TO ME!" MEETING

1. The basic three-stage discussion process should stretch over two days to give participants a chance to get used to it.
2. Briefings should be clear and concise - it should be clear to all that participants are involved in a process-oriented meeting and not studying problems; that participants have to stay in the same workshop and not move around; and what the duties and roles of discussion leaders, rapporteurs and decision-makers are.
3. The topics selected for discussion in the workshop should be quite specific. They should lend themselves to a discussion on the process of decision-making and the involvement of seniors in the process.
4. In selecting participants invite a representative mix of seniors which would include those who are in organized groups and those who are not, those who are involved in different community activities and those who are not, as well as a mix of languages, ethnic and cultural backgrounds, representative of that community.
5. In choosing decision-makers select persons who make decisions on the topics to be discussed or who are knowledgeable of how decisions are made in these areas.
6. In making a choice of discussion leaders and rapporteurs, select persons who have experience in these roles.
7. Select guest speakers who have the background and experience to contribute to the discussion on decision-making.
8. Avoid having observers at the meetings. They will distract the participants from the process at the meetings.

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DISCUSSION GUIDE FOR PARTICIPANTS

NATIONAL ADVISORY COUNCIL ON AGING
"LISTEN TO ME!" CONSULTATIVE PROCESS

1. The theme of the meetings being held in November-December 1984 in connection with the "Listen to Me!" consultative process is: the involvement of elderly Canadians in the decision-making process.
2. The focus of these meetings is on decision-making. Participants are not gathered to discuss issues or problems related to the workshop-topics. They are not there to formulate resolutions or recommendations. They are there to examine and study the process of decision-making as this relates to specific programs or services identified by each workshop; and to examine how older persons can get involved in decision-making.
3. Because of the limited time available for discussion during the workshops, the theme must be properly addressed by participants and time must be saved in initiating discussions. Accordingly, this guide is offered to assist participants in their task.
4. You will note from the Program of the meeting that the workshops are organized into three sessions:
 - Session I - In this session, participants will be asked to identify specific programs or services related to the subject matter of the workshop and to use these to examine the process of decision-making.
 - Session II - Participants will be joined by decision-makers who will explain in respect to the programs or services selected how decisions are made and who is involved in the process.
 - Session III - Participants will then examine for each of the programs or services selected whether, how and to what extent they should be involved in decision-making.
5. The following format explains in more detail the process to be used in each meeting and sets out questions that participants may address in the workshops sessions.

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OPENING PLENARY

Participants will be instructed on the task to be addressed by them in the workshops.

FIRST WORKSHOP SESSION

Specific programs or services related to the subject of the workshop are to be selected by participants very early in this session. Programs or services selected should be those that easily lead participants into the process of decision-making. At least three should be selected. Participants may wish to select one which pertains to government, one to non-governmental organizations, and one to business organizations.

In respect to each program or service selected, the following questions should be examined:

- (a) How are decisions made?
- (b) Who are consulted in the decision-making process? Are older persons or their organizations and groups consulted? If not, why not? If they are, what role do they play in decision-making?

SECOND PLENARY

(Decision-makers will join the meeting at this point for the second workshop session.)

- (a) Rapporteurs for each workshop will report on discussions on the first session.
- (b) Participants and decision-makers will be briefed on the next workshop session.

SECOND WORKSHOP SESSION

During this session, seniors will dialogue with the decision-makers, and will ask them to address the following points for each of the programs or services identified:

- (a) The accuracy of the facts in the reports from the first sessions.
- (b) Are seniors involved in the decision-making process? If so, to what extent? If not, why are they not involved?
- (c) What are the strengths and weaknesses of the approaches examined in (b)?

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THIRD WORKSHOP SESSION

- (a) After the dialogue with decision-makers, seniors will be asked to address the following questions in respect to each program or service identified:
 - (i) How should seniors be involved in the decision-making process?
 - (ii) What steps or actions can seniors take to ensure that they are involved in decision-making?
- (b) Following this examination, each workshop will be asked to formulate conclusions or general observations that can be made on decision-making in respect to each of the programs or services examined.

EVALUATION

Following the third workshop session, participants will be asked to prepare a personal evaluation of the meeting and the approach used.

CLOSING PLENARY

In the closing plenary:

- (a) The rapporteurs will report on discussions in their workshop for each program or service identified by the workshop participants and will set out any general conclusions and observations on decision-making.
- (b) A short summary of the workshops will be presented to the meeting by a chief rapporteur.
- (c) The chairperson will close the meeting with a few remarks.

EXPECTED RESULTS

Three concrete results are expected from the "Listen to Me!" meetings. These are that they will:

- (a) inform by contributing to the knowledge related to the involvement of seniors in decision-making;
- (b) sensitize seniors on how decisions are made in areas affecting their well-being; and
- (c) motivate seniors to become involved in decision-making.

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It is also hoped that decision-makers will be made aware of the need to involve older persons in their decisions and to take steps to facilitate the involvement.

Proceedings will be prepared on each of these meetings using the reports of the rapporteurs, the chief rapporteur, the notes for addresses made at the luncheon and banquet, evaluation reports, and other material that may be prepared on the meeting.

An independent evaluation will be made of the procedures used at the "Listen to Me!" meetings. The evaluation will show whether the current procedures can be used to plan further meetings or whether modifications will be required.

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REGISTRATION FORM

This is a sample of the registration form used for the Toronto meeting of the "Listen To Me!" consultation. It is provided as a guide for the Planning Committee to assist them to design a regulation form for a meeting which they may plan.

Please provide the following information (Print):

NAME: _____

ADDRESS - Street: _____

Town or City: _____

Postal Code: _____

TELEPHONE: _____

NAME OF ORGANIZATION: _____
(If Applicable)

WORKSHOP SELECTION

Indicate your choice by selecting four (4) Workshops in diminishing order of preference by inserting a number (one to four) in the appropriate box to the right. This will enable the organizers of the meeting to assign you to a workshop in advance of the meeting.

Workshop #Choice

#1 Long-Term Institutional Care

☐

#2 Home Care/Home Support Services

☐

#3 Health Promotion and Sickness Prevention

☐

#4 Home Maintenance - Home Improvements

☐

#5 Housing Options

☐

#6 Affordable Housing

☐

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#7 Custody: guardianship, trusteeship, power of attorney

☐

#8 Public and Private Pensions: indexing, portability,
benefits, vesting

☐

Please bring this Registration Form to the Registration Desk at
the first session.

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RAPPORTEUR'S WORK SHEET

NOTE: A separate worksheet will be needed for each topic selected by the workshop. This particular form is shortened, therefore, it will be necessary to provide a separate page for each workshop session in order to provide sufficient space on the form for the rapporteurs notes for each session.

MEETING _____

WORKSHOP _____

TOPIC i.e. a program, a service, an element of a program or of a service, an issue or a problem of concern to seniors.

FIRST WORKSHOP SESSION

Questions to be addressed for each topic selected

- How are decisions made?
- Who are consulted in the decision-making process?
- Are older persons or their organizations consulted?
- If not, why not?
- If they are, what role do they play in decision-making?

SECOND WORKSHOP SESSIONQuestions to be addressed for each topic selected

What is the accuracy of the facts in the reports from the first workshop session?

Are seniors involved in the decision-making process?

If so, to what extent are they involved?

If not, why are they not involved?

What are the strengths and weaknesses of the involvement or non-involvement of seniors in decision-making?

THIRD WORKSHOP SESSIONQuestions to be addressed for each topic selected

How should seniors be involved in the decision-making process?

What steps or actions can seniors take to ensure that they are involved in decision-making?

What conclusions or general observations can be made on decision-making for each of the topics examined in the workshop?

CONCLUSIONS AND GENERAL OBSERVATIONS ON TOPIC

(Report in this section the substance of the remarks to be made by the rapporteurs on the discussions in the workshop).

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FOLLOW-UP QUESTIONNAIRE

NOTE: This example of the follow-up questionnaire used for the "Listen To Me!" meetings is provided as a guide to assist members of the Planning Committee design a follow-up for the particular meeting they are planning.

I was involved in "Listen to Me!" as a:

Senior participant	_____
Decision-maker	_____
Discussion leader	_____
Rapporteur	_____
Planning Committee Member	_____
Other (specify)	_____

(Please check one or more, as appropriate.)

PART A - PLANNING

Two issues related to planning for "Listen to Me!" have emerged from the earlier round of questions posed to senior participants, (1) a need for more preparation time prior to the "Listen to Me!" meetings and, (2) improvement in background documentation.

Although these general criticisms are appreciated more specific suggestions would be helpful to improve the planning process.

1. If you agree with these criticisms what would you suggest would have improved your participation in "Listen to Me!"?

Please make your suggestions as specific as possible, for instance, what information did you require prior to such a meeting and in what form did you require it (written, briefing session, etc.)?

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PART B - IMPACT

PLEASE CHECK THE APPROPRIATE BOX.

Since participating in "Listen to Me!":

- | | | | | |
|------------------------------------------------------------------------------------------------------------------------|-----|-----|----|-----|
| 1. my understanding of the importance of senior involvement in the decision-making process has increased; | Yes | ___ | No | ___ |
| 2. my awareness of seniors' concerns has been enhanced; | Yes | ___ | No | ___ |
| 3. I recognized a need to promote senior involvement in decision-making; | Yes | ___ | No | ___ |
| 4. I developed an intention to promote senior involvement in decision-making; | Yes | ___ | No | ___ |
| 5. I prepared a report on "Listen to Me!" for the organization I belong to; | Yes | ___ | No | ___ |
| 6. I formulated recommendations for increasing the involvement of seniors in decision-making within that organization; | Yes | ___ | No | ___ |
| 7. a meeting has been planned to discuss senior involvement in decision-making; | Yes | ___ | No | ___ |
| 8. a meeting has been held to discuss senior involvement in decision-making; | Yes | ___ | No | ___ |
| 9. a plan to increase senior involvement has been formulated; | Yes | ___ | No | ___ |
| 10. implementation of a plan to increase senior involvement has begun; | Yes | ___ | No | ___ |
| 11. describe <u>the action</u> you are recommending or have planned or have begun. | | | | |

12. Further comments:

(If you wish continue on a separate sheet.)

Thank you for your cooperation.

Please return to: (address of the Planning Committee)

1985-06E

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TOWARD A COMMUNITY SUPPORT SERVICES POLICY FOR CANADIANS

OTTAWA, October 9, 1985 - To mark its five years of existence, the National Advisory Council on Aging (NACA) has adopted a strategy aimed at developing a Canadian policy for community support services. NACA has chosen this issue following meetings with seniors who indicated that these services should be given priority. "The Council believes that community support services will not only promote greater autonomy for seniors but also that of other people in the community", stated Yhetta Gold, President of NACA.

At its 14th meeting held in Ottawa, on October 8-9, the Council has prepared a program of activities which will be launched this fall with a Discussion Paper on community support services. This document will provide an overview of community support services in Canada. It will also address a number of questions such as the current obstacles to the development of these services. Finally, it will identify the options available to the federal government to stimulate the development of community support services.

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Beginning January 1986, this Discussion Paper will be distributed to seniors' associations and organizations who have a stake in aging so that they may study this issue and share their point of view with NACA.

In the spring, the Council will make its recommendations to the Honourable Jake Epp, Minister of National Health and Welfare regarding the policy option that the federal government should adopt.

According to Mrs. Gold: "It is time the federal government adopt a community support services policy for Canadians. The key elements for the implementation of community services are largely in place and the general public supports this idea. The only thing which is missing is a commitment from the government to this clear, articulate demand of seniors".

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References:

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AN EVALUATION
OF
"LISTEN TO ME"
THE NATIONAL ADVISORY COUNCIL ON AGING'S
CONSULTATION WITH SENIORS
A SUMMARY REPORT



A Program of
NACA
October 1985

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.....

My appreciation to the National Advisory Council on Aging for the opportunity to participate in "Listen to Me", to the senior participants who provided detailed information in their responses and to all who assisted and cooperated in the evaluation process, including the Department of Veterans Affairs for facilitating my participation.

Margery Boyce,
Departmental Gerontological Advisor
Veterans Affairs Canada

1. Introduction and Background

In 1984 the National Advisory Council on Aging (NACA) launched a national consultation process with seniors to develop advocacy positions on issues of concern to them. This consultation entitled "Listen to Me" resulted from concerns raised by Canada at the World Assembly on Aging held in Vienna July 26 to August 6, 1982, and from the Second Canadian Conference on Aging, held in Ottawa October 24 to 27, 1983, that "The aging should be active participants in the formulation and implementation of policies including those especially affecting them".

The expected results from the "Listen to Me" process were:

- a. to inform, by contributing to the knowledge related to the involvement of seniors in decision-making;
- b. to sensitize seniors on how decisions are made in areas affecting their well-being;
- c. to motivate seniors to become more involved in decision-making;
- d. to make decision-makers more aware of the need to involve older persons in their decisions and to take steps to facilitate their involvement.

A Planning Process was initiated by NACA in the Summer of 1984. It was decided to hold five meetings across Canada. Locations chosen were, Vancouver, Saskatoon, Toronto, Montreal and Fredericton. Canada Mortgage and Housing Corporation (CMHC) agreed to co-sponsor housing workshops and cities were chosen for their proximity to their offices in order to facilitate staff support for the meetings.

The Council organized planning meetings with representatives of the major provincial senior's organizations in British Columbia, Saskatchewan, Ontario, Quebec and New Brunswick. These organizations were identified through their participation at the Second Canadian Conference on aging.

Local Planning Committees were established and, where possible, were chaired by a member of NACA. The exception was British Columbia which was not represented on the Council. There, the group "Ten plus Two", developed to provide input to the Second Canadian Conference on Aging, formed the planning committee. The National Advisory Council on Aging proposed a format which was revised by each local committee during the planning process.

The Proposed Format suggested two day meetings which would include plenary and workshop sessions. The meetings would be process, not issue oriented, and would concentrate on decision-making. Three workshop sessions were recommended. This three stage workshop process was planned as follows: Workshop One, senior participants were to examine their involvement in decision-making using previously identified topics which concerned them, as a means to accomplish this; Workshop Two, senior participants would be joined by decision-makers to discuss with them how decisions are made and by whom, how seniors are involved and how they could be; in Workshop Three discussions from the previous workshops were to be reviewed, conclusions formulated and action plans developed for more and improved involvement in decision-making.

Plenary sessions were held before and after workshops to reinforce conference expectations, to explain the process which would be followed and for sharing feedback from the workshops. Speakers at social events were to provide insight on decision-making. An overall summation by a chief rapporteur would conclude the meetings.

2. Planning the Evaluation

NACA decided that an independent evaluation would be made to show whether the current procedures could be used to plan future meetings or whether modifications would be required. It was decided that the evaluation should be conducted by a professional with extensive experience in working with seniors and seniors' groups. The services of the Gerontological Advisor for the Department of Veterans Affairs, who had this experience, were sought and permission for her participation was approved.

The method to carry out the evaluation was developed in consultation with the Director and the President of the Council. Several methods would be used to determine the impact and effectiveness of the meetings. These were (a) the observations and perceptions of the evaluator, who would attend all meetings; (b) the observations and perceptions of the participants; and (c) an assessment of changes in decision-making behaviour of the participants.

Interview forms and questionnaires were designed to capture this information. Senior participants would be asked before they began workshop discussions, to describe current involvement in decision-making and, after the workshops, how the meeting had changed their thinking. A third questionnaire would be mailed to all participants six weeks after the meetings to determine what, if any, action had been taken.

3. How the Evaluation was Carried Out

The evaluation was explained in the first plenary session and the evaluator was identified. The first questionnaire was distributed to senior participants in the first workshop session and the evaluation was again explained. Participants were given time to complete the questionnaire and were asked to return it along with the second questionnaire distributed at the end of the last workshop session.

The third questionnaire was mailed to both seniors and decision-makers who participated and a stamped, addressed envelope was provided to encourage responses.

Observations and perceptions of each meeting were recorded by the evaluator and follow-up interviews were conducted by telephone with selected NACA members and staff and planning committee members.

After all questionnaires were received, results were tabulated. Response rates to the first two questionnaires directed to seniors were determined using only those who had completed both. A detailed method for extracting comments was developed for all three questionnaires. Responses from questionnaire three were separated in two groups, those from seniors and decision-makers.

4. Findings

A more detailed analysis of the methodology and the findings from the "Listen to Me" evaluation may be found in the Technical Report prepared for NACA.

Response rates indicated the significant interest of participants. Table I shows response rates to the three questionnaires. Since participants were not asked to identify cities in questionnaire number three only the overall response rate could be determined to the mail-in questionnaire.

Responses were tabulated chronologically showing Saskatoon first, since the "Listen to Me" meetings began there and Vancouver as the last host city.

TABLE I

Number of Participants = n)	Saska- toon n=66	Frede- ricton n=72	Mon- trealm n=85	Tor- onto n=98	Van- couver n=78	All n=399
Questionnaire #1	59 89%	55 76%	54 64%	55 56%	51 65%	274 69%
Questionnaire #2	59 89%	59 82%	66 78%	60 61%	52 67%	296 74%
Both Questionnaires completed	54 82%	51 71%	50 59%	55 56%	51 65%	261 65%
Seniors Questionnaire #3	Not identified by city					197 49%
Decision-Makers Questionnaire #3	Not identified by city (n=122)					49 53%

Responses from senior participants were tabulated for Question 1 from the first questionnaire which asked them to describe their current involvement in decision-making. This was done to try to determine "how involved" participants were. The results of that tabulation are shown in Table II.

TABLE II

Level of Involvement	Saska- toon Parti- cipants =54	Frede- ricton Parti- cipants =51	Mon- trealm Parti- cipants =50	Tor- onto Parti- cipants =55	Van- couver Parti- cipants =51	All Partici- pants =261
Low	44%	39%	40%	49%	35%	42%
Medium	35%	29%	20%	24%	35%	29%
High	15%	20%	22%	24%	27%	21%
Inappropriate Responses	6%	12%	18%	3%	3%	8%

This analysis showed Vancouver seniors with 62% falling in the "middle" to "high" group as being the most involved compared to the other cities. Since senior participants were chosen because they were members of seniors' organizations, those who attended "Listen to Me" meetings are not representative of the average Canadian senior. It appeared that two groups of seniors participated, those who were very involved and those much less so.

Two questions were asked to determine the effect the program had on participants, both were contained in Questionnaire II. The findings are shown in Tables III and IV.

TABLE III

	Saska- toon	Fred- ericton	Mon- treal	Tor- onto	Van- couver	All
Has this meeting added to your understanding of decision-making?	n=54	n=51	n=50	n=55	n=51	n=261
Yes	96%	95%	89%	79%	87%	89%
No	4%	5%	11%	21%	13%	11%

TABLE IV

	Saska- toon	Fred- ericton	Mon- treal	Tor- onto	Van- couver	All
Has this meeting helped prepare you for future involvement in decision-making?	n=54	n=51	n=50	n=55	n=51	n=261
Yes	95%	100%	95%	90%	88%	94%
No	5%		5%	10%	12%	6%

Most respondents were positive in their responses indicating the meetings had been successful in informing them about decision-making and in preparing them for future involvement. The slightly lower responses in Toronto and Vancouver suggest that more respondents in those two cities felt they already knew about decision-making and is consistent with the "profile scores" which were developed to indicate the level of involvement of senior respondents. These scores were obtained by developing a formula giving points for memberships listed and positions held in organizations from the answers to Part A "Describe your current involvement in decision-making".

TABLE V

	Saska- toon	Fred- erickton	Mon- treal	Tor- onto	Van- couver	All
Average Scores of Senior Participants	n=54 8.6	n=51 4.1	n=50 3.5	n=55 4.3	n=51 5.5	n=261 4.2

An analysis of the comments revealed that:

41% of the seniors who responded felt the meeting had helped them to more clearly understand what decision-making really involves; 34% recognized the need to plan strategy and understand more clearly what action to take and 29% recognized there was strength in working together.

Participants were asked to rate various program components of the "Listen to Me" meetings as "excellent", "good", "fair" or "poor". Responses indicated a high level of satisfaction as follows: 94% rated Overall Arrangements as "excellent" or "good"; 88% rated both the Guide for Participants and the Background Notes as "excellent" or "good".

Comments on the meetings were generally positive with "everything was excellent" statements frequently stated.

Numerous suggestions were made for changes in scheduling. Some participants indicated they wanted more time in workshops, less time in plenary sessions and fewer speeches.

Criticisms indicated that a number of participants would have liked to receive the background documentation earlier to help them prepare better. It is unknown if this would have been helpful since some participants misunderstood the objectives of the meeting and thought there would be an opportunity to air their problems before decision-makers and NACA, who would be able to remedy them!

Vancouver participants were almost unanimous in expressing frustration at the lack of opportunity to meet with decision-makers in workshop sessions. A number of Montreal respondents indicated the real decision-makers had not attended (their perception was that politicians, not bureaucrats made the decisions). Complaints from a number of Montreal respondents also related to dissatisfaction with the translation service and the lack of ability of some decision-makers, discussion leaders and rapporteurs to communicate effectively.

Satisfaction with Representation at the Meetings was determined by asking participants if there were others who should have been invited and if so, who should have been. Fifty-eight percent (58%) of the respondents said that there should have been others at the meeting. In Montreal sixty-four percent (64%) indicated more decision-makers and in Vancouver (41%) and Toronto (19%) indicated more ethnic minorities should have been present. Fredericton (35%) also indicated more decision-makers while 11% of Vancouver respondents and 4% of those in Saskatoon mentioned increased representation of native persons.

Changes in Decision-Making Behaviour and further comments were solicited six weeks after the meetings through a mail-in questionnaire. Since a number of participants had indicated in conversations at the meetings that the background documentation required improvement and that more preparation time was needed prior to the meetings, a response to these two issues was requested.

The mail-in questionnaire was sent to both seniors and decision-makers. Seventy-six percent (76%) of the seniors and sixty-two (62%) of the decision-makers who responded agreed that more preparation time was needed and background documentation could have been improved.

To determine what, if any changes in decision-making had occurred since the meetings, a list of ten statements was provided to which a "yes" or "no" response was required.

The first two of these statements were designed to indicate whether participants had "increased their understanding of the importance of senior involvement in the decision-making process" and if "their awareness of seniors' concerns had been enhanced". The eight statements which followed were formulated to assess participants' intention to carry out an action plan, if they had made plans to increase senior involvement or if plans were already underway.

There was sharp contrast in the responses from senior participants and from decision-makers. Eight-four percent (84%) of senior respondents indicated their understanding of the importance of senior involvement had increased, while only fifteen percent (15%) of the decision-makers felt that their understanding had. While the vast majority of seniors had learned more about other seniors needs (87%) only a small percentage of the decision-makers (17%) indicated their "awareness of seniors concerns had been enhanced".

As indicated by these responses and other comments, senior participants had been positively influenced by the "Listen to Me" experience and NACA's objectives for them had been met.

Decision-maker responses showed little program effect. Of particular significance are the answers to statement three where 91% of all senior respondents recognized the need to promote senior involvement while only 9% of the decision-makers did so. It was somewhat more encouraging to note that over 30% of the decision-makers who responded planned to increase senior involvement.

5. Conclusions

Senior participants in "Listen to Me" represented two groups, those who had been involved in influencing decision-making for a number of years and those whose activities had been more of a social nature, for instance, in seniors clubs. Although seniors listed examples of ways they were currently involved in decision-making, they were not fully aware of the decision-making process and (in the opinion of the evaluator) their actions were less likely to be successful.

Seniors benefited from "Listen to Me", they gained new knowledge and encouragement and wanted the process to continue. A number felt they had gained self-confidence and their future participation would be improved.

Decision-makers for the most part were not interested or concerned in facilitating the involvement of seniors in decision-making. (This presents a challenge to seniors and to NACA.)

"Listen to Me" meetings were well-planned and the process, with slight modifications, was appropriate. It worked best when it allowed for all three workshops to be carried out as NACA proposed. More time for planning was required. While "Listen to Me" was accepted as a "good thing to do" it created pressure for some planning committee members who were already busy and resulted in some temporary communication problems.

Some participants had "another agenda" for the meetings, anticipating that bringing seniors together would provide support for a unified voice from them. Many participants realized the value of working together and learned from each other at the meetings thus this "other agenda" was successful.

More and better preparation of decision-makers would have facilitated their improved participation at the meetings.

Difficulties were experienced with press and media coverage for meetings held at the end of the week.

Much support was given for NACA to continue the "Listen to me" process and to encourage other groups to plan similar meetings.

Some participants were skeptical at the outset and somewhat resistant to the idea of "Listen to Me", however most became convinced that, as one senior in Toronto stated "it worked in spite of everything".

6. Overall Conclusions

1. "Listen to Me" was successful in meeting its objectives with senior participants.

Comments from respondents support this conclusion as follows:

"It's been an honour and a privilege to take part. As a widow of only one year, it made me realize its up to me to take care of me and decisions are up to me" (Saskatoon).

"It gave me courage to speak out on what others might think are unpopular topics. It gave me a broader view of many problems encountered in all parts of the province" (Fredericton).

"I am ready to offer my humble experience to help with the seniors' movement so it will be strengthened. We have to seek out the silent part of the population of older people" (Montreal).

"Seniors organizations should be working together, in closer cooperation in order to become a stronger voice in decision-making". "Knowing how and where to find information, services and decision-makers will help me to take action rather than procrastinate or let opportunities pass" (Toronto).

"I found an element of hope for the future of seniors in this conference. There is a tremendous amount of talent and enthusiasm that needs to be mobilized not only to improve the lives of seniors but for society as a whole". (Vancouver)

2. The objective for decision-makers, "to make decision-makers more aware of the need to involve older persons in their decisions and to take steps to facilitate their involvement" was only minimally successful.

3. The definition of a decision-maker and the concept of decision-making was not uniform. (A number of senior participants perceived that politicians were the only decision-makers in the process). This resulted in discussions and the requirement for clarifying the many levels of decision-making and their importance in the overall process.

7. Recommendations

In reviewing the findings and conclusions from the evaluation of the "Listen to Me" process, it is possible to make a number of recommendations for the Council, or for any group wishing to conduct a meeting along the lines of "Listen to Me".

1. The "Listen to Me" process should be continued. Meetings should be organized in other provinces and other groups should be encouraged to plan similar meetings.
2. Considering the suggestions provided by the respondents, the following modifications to the "Listen to Me" process should be incorporated for future meetings:
 - (a) more time for consultation prior to the meetings;
 - (b) more time for planning;
 - (c) workshop topics should be kept to a minimum;
 - (d) more time to be allocated for the first workshop which brought seniors together and the workshop with the decision-makers; and
 - (e) better briefing of decision-makers.
3. NACA should examine the possibility of two types of "Listen to Me" meetings, one for those requiring basic information on decision-making and one for identified senior leaders to help them train and educate their members on the process of decision-making.

8. Follow-up

A fourth recommendation that there should be an additional follow-up to the evaluation has already been addressed by NACA. A mail-in questionnaire will be distributed to all participants one year after the "Listen to Me" meetings. It is anticipated that information from it will give additional evidence of program effectiveness since a number of respondents had indicated their intention to implement a plan but had not yet done so.

9. Evaluator's Comments

Although the time required for the evaluation was underestimated, the experience was personally rewarding. The enthusiasm, energy, knowledge and skill of senior participants and their willingness to involve themselves in a more significant way in decisions that affect them and all Canadians, was inspiring. On the other hand, the impact on decision-makers was disappointing and pointed out the challenge for seniors.

Although there is much rhetoric about the "untapped resources" represented in the growing senior population, unless steps are taken to facilitate their involvement, many may remain passive and Canadian society will not benefit from this.

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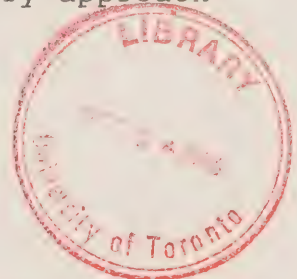
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1986-02E

PENSION INCOME MUST BE PROTECTED AGAINST INFLATION - NACA

Ottawa, February 18, 1986 - The protection of pension income against inflation and access to a private pension plan for all workers are the two main recommendations of the National Advisory Council on Aging (NACA) to the Honourable Michael Wilson, Minister of Finance, in anticipation of the 1986 federal budget. The Council also proposes that the government include in its next budget certain measures to reduce poverty and make the tax system more equitable.

According to Yhetta Gold, President of NACA, "The main weakness in the changes to private pension plans proposed by the federal government is the fact that these changes will not guarantee protection against inflation for pension income. The federal government leaves inflation protection to a voluntary approach and encourages firms under its jurisdiction to provide voluntary inflation adjustments. Yet, it is evident that a voluntary approach does not provide adequate protection."



In addition to full protection against inflation, NACA recommends that the minimum standards for federally - regulated pension plans be improved since less than half of Canadian workers belong to private pension plans. This means that more than half of Canadian workers must continue to rely on public pension programs and personal savings.

Because of this situation, the Council recommends that all employers be required to provide a pension plan, or a suitable alternative, to all workers over 25 years of age, including part-time workers.

The unfairness of the tax system is the subject of another recommendation that current retirement-related tax deductions and exemptions be replaced by a tax credit which would provide larger benefits to lower-income contributors. Finally, NACA proposes changes to the tax system which would provide better protection from rising taxes for Canadians with low or fixed incomes.

"After 20 years of debate on pension reform, it is inconceivable that all workers in Canada not have access to a private pension plan and full protection of their retirement income against inflation," declared Mrs. Gold.

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- N26 CANADA'S SOCIAL PROGRAMS MUST BE PROTECTED - NACA

OTTAWA, March 11, 1986 - In a letter to the Honourable Michael Wilson, Minister of Finance, the National Advisory Council on Aging (NACA) stated it was pleased with a number of the measures in his Budget Speech which benefit older Canadians. However, it was greatly troubled by the reference to the future restructuring of social programs.

"In a context where many in business are crying for major cuts in Canada's social programs, this reference to future restructuring is not reassuring to older Canadians, " according to Yhetta Gold, President of NACA. "This is very true when you realize how important these programs are to the Canadian way of life and our social and financial security."

The Council was particularly pleased with the proposal for a refundable sales tax credit and stated that "This measure represents a small but important first step towards a major improvement in the tax system. NACA looks forward to an expansion of this tax credit in the coming years to make it a truly significant instrument in helping those most in need."

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NACA also commended the Minister for the new Program for Older Worker Adjustment, the measures proposed to make Registered Retirement Savings Plan (RRSPs) more flexible for retired Canadians and the improvements to corporate and personal income taxes. The President of NACA expressed the wish that these measures will spread the tax burden more equitably.

In its letter, the Council reiterated its conviction that pension reform can assure financial security to Canadians only if it provides full protection of pension income against inflation.

Mrs. Gold declared that "Older Canadians want to do their share in reducing the budget. They also wish to be consulted about what is their share in an atmosphere that will rebuild trust and confidence."

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1987-01E

"AGING TO BE A CRISIS ONLY IF WE LET IT BE", NEW NACA PRESIDENT

OTTAWA, February 27, 1987 - The National Advisory Council on Aging (NACA) held its sixteenth meeting on February 26 and 27 at the Centennial Towers building in Ottawa. The Council's new President, Dr. Charlotte Matthews convened this meeting in order to define what the priority issues are and how they will be addressed by the Council.

Commenting on the new approach of the Council, Dr. Matthews said, "The aging of the population is a phenomenon unique in the history of mankind. New challenges emerge due to rapid and irreversible social change and Canadians must adjust. Planning and policies cannot take place on an ad hoc basis from crisis to crisis. Adjustment strategies have to be implemented now".

Among the many issues discussed at the Council were: community support services, education about aging, health promotion, medication, housing choices and the abuse of the elderly.

For many NACA members, this was their first meeting. They all are actively involved in senior citizens' activities and groups. They come from all regions of Canada and they are familiar with seniors' concerns.

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National Advisory
Council on Aging

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NACA COMMENTS ON TAX PACKAGE

OTTAWA, June 26, 1987 - The National Advisory Council on Aging (NACA) welcomes the lower rate of taxation for low-income seniors and the increase of the refundable sales tax credit.

According to Charlotte Matthews, NACA chairperson: "This announcement materializes one of our 1985 recommendations on the tax system".

Indeed, the Council had recommended that retirement-related tax exemptions and deductions be transformed into an Elderly Tax Credit when it responded to the Discussion Paper on elderly benefits tabled by the Minister of National Health and Welfare.

NACA's particular interest in regard to the tax package is that seniors are important consumers and their consumer spending drives the economy and provides jobs. Further, any tax cut helps seniors be more self-reliant.

"As for the federal consumption tax, we will make further comments when we have the information about Phase II", added Mrs. Matthews.

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NATIONAL ADVISORY COUNCIL ON AGING
RESPONSE
TO THE
CONSULTATION PAPER
ON
SURVIVOR BENEFITS UNDER THE CANADA PENSION PLAN
PRESENTED
TO THE
STANDING COMMITTEE
ON
NATIONAL HEALTH AND WELFARE



OTTAWA
NOVEMBER 1987



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1. INTRODUCTION

The National Advisory Council on Aging is most pleased to present its views on the important issue of amendments to survivor benefits under the Canada Pension Plan (CPP).

The position of the National Advisory Council on Aging with respect to the proposal to redesign the structure and benefit formula of CPP survivor benefits as outlined in the consultation paper of September 1987 is one of qualified support, subject to modification of certain design features based on the principle of maximizing choices.

The National Advisory Council on Aging (NACA) was created by Order-in-Council on May 1, 1980 to assist and advise the Minister of National Health and Welfare on all matters affecting older Canadians.

The membership of the Council consists of a President and seventeen members appointed by the Governor General-in-Council at the recommendation of the Minister of National Health and Welfare. They are selected because of their knowledge of the various areas of aging and they come from all walks of life, from all provinces and the territories.

The Council addresses its mandate by reviewing the needs and problems of aging Canadians and of those who are already elderly and recommending remedial action; publishing

reports, information material, research outcomes; consulting with national, provincial and local associations, institutions and groups who have an interest in aging; helping in information dissemination; stimulating public discussion on aging through publications, meetings and conferences.

In this submission the National Advisory Council on Aging will address the proposals to alter the pre-and-post retirement survivor (death) benefits as outlined in the Department of National Health and Welfare's Survivor Benefits Under the Canada Pension Plan - Consultation Paper (September 1987).

2. Policy Context: The Need for Reform

Pension arrangements in Canada have been the subject of an intensive public policy review in recent years. All facets of the public (government) and private pension systems - including survivor benefits - have been reviewed and scrutinized.

As a result of the prolonged public policy review of pension arrangements in Canada nearly two-dozen government, task force, Senate, Royal Commission and private research reports have been issued with recommendations for the reform of the Canada Pension Plan (CPP) and occupational (private) pension plans.

The federal government sponsored a highly publicized multi-partite National Pensions Conference on pension

reform in March 1981. In the summer of 1981, bilateral discussions took place between the federal and provincial governments. Subsequently, the past two federal budgets have introduced measures to reform private pension arrangements.

It has been long recognized that survivor benefits under the public and private pension systems have required revision and improvement in response to changing social circumstances, including altered demographic patterns and labour force participation rates.

Recommendations to redesign the structure and benefit formula for survivor benefits in the Canada/Quebec Pension Plans and employer-sponsored occupational pension plans were made by the Government of Quebec's Confirantes+ report (1977), the federal Green Paper on Pension Reform (1982) and the federal Government's Parliamentary Task Force on Pension Reform (1983). The Canada Pension Plan Advisory Committee reviewed the subject in some depth and made remedial policy recommendations in its 1985 report.¹

In our view there are two compelling reasons which necessitate redesigning and improving the survivor benefits under the public and private pension systems. These considerations are the underlying demographics and the issue of benefit adequacy. We wish to briefly address both of these subjects in turn.

2.1 Population Aging: Survivor Benefits are a Women's Issue

Canada is an aging society. This will have a profound impact on income security arrangements. The proportion of the elderly in the population will increase from approximately 11 per cent in 1986 to 20-25 per cent at the demographic peak in 2030 (using Statistics Canada's low fertility rate assumption). This demographic transition is a result of the aging of the "baby boom" generation.

There are two important corollaries to an aging of the population. First, the growth of the aged 80 and over cohort will be even more dramatic than that of the 65-and-over population.² In 1981, for example, there were only 451,000 people in the population aged 80 and over. By 2021 it is estimated that there will be over one million people in this age cohort. This group is one of the fastest growing age groups within the age 65-and-over cohort.

From a social policy perspective, improved life expectancy coupled with population aging suggests that there will be significantly more elderly in the future.

Second, in the future, an increasing proportion of survivors will be women due in large part to women's longer life expectancy than men and their tendency to marry men three to five years older.

A striking feature of the changing profile of the senior population is the increasing numerical imbalance between males and females. In 1981, there were 124 females per 100 males aged 65-79; in the 80-and-over age group the female to male ratio was 184 to 100. By 2001, it is estimated that there will be about 134 females per 100 males aged 65-79. A much higher ratio of 218 to 100 is projected for the 80-plus group. By 2001, women aged 80 and over will outnumber their male counterparts by more than two to one.³

It is necessary to ensure that there is an adequate level of income maintenance for the increasing proportion of the population - mostly single women - who will survive to very old age.

2.2 Benefit Adequacy for Survivors

According to the recently released consultation paper on Survivor Benefits Under the Canada Pension Plan (September 1987):

benefits under the CPP are not...intended to provide all the income Canadians would want. Rather, CPP benefits were designed to provide a basic level of earnings replacement, to be supplemented by income from other sources, on which Canadians could rely for a measure of their families' future income needs.⁴

In this regard it is necessary to assess the adequacy of survivor benefits provided through the private and public pension systems.

According to Statistics Canada, less than half of the labour force is covered by an occupational pension plan. Specifically, only 37 per cent of the total labour force and 47 per cent of all employed workers (excluding the self-employed, non-paid family workers and the unemployed) were enrolled in an employer-sponsored pension plan.⁵

The majority of pension plan members, however, were not, until recently, covered by a pension plan which provided a survivor or spouse's pension. As of 1984, the latest year for which data are available, only 45 per cent of all occupational pension plan members were covered by a pre-and-post retirement spouse's pension.⁶ Most of this coverage was in public sector pension plans. Thus, only 21 per cent of the labour force had survivor benefits coverage through the private pension system.

Even though there have been amendments to the federal and Ontario pension legislation, effective 1987, which stipulate that a mandatory survivor's pension equal to 60 per cent of the retirement benefit must be paid to a surviving spouse, the fact is there will continue to be low survivor benefits coverage through the private pension system because less than half of the labour force is covered by an occupational pension. Thus, income from other sources is necessary in order to provide an adequate level of benefits in the event of the death of a wage-earner.

Life insurance is often represented as an alternative source of income to maintain survivors' and/or families' well-being in the event of a wage-earner's death. In this

regard, however, it is necessary to bear in mind that the face amount of individual life insurance policies is directly related to the income of the insured. Nearly 60 per cent of individual life insurance was held by those with an annual income of \$25,000 and over in 1985.

The amount of individual life insurance held by Canadians is limited. The average face value of an individual life insurance policy was \$23,874 in 1985⁷; the per capita value for individual life insurance policies held by those aged 18 and over was \$17,820⁸ and 47 per cent of individual insurance policies had a face value of less than \$50,000.⁹

The significance of this information in terms of financial planning is that the average amount of individual life insurance held represents an income replacement rate equivalent to only one year's salary for a person at the average industrial wage in 1985. The per capita value of individual life insurance held (by those over the age of 18) is equivalent to an income replacement rate of only 80 per cent of one year's salary for a person at the average industrial wage.

In short, based on this information, individual life insurance is at best a limited and temporary way in which to provide income maintenance to the survivors and/or the families of a deceased wage-earner.

The provision of survivor benefits through the public pension system - the Canada Pension Plan - was intended to offset the inadequacies of the private pension and

life insurance industries by establishing a minimum, universal benefit. Has this policy objective been satisfied?

The maximum pre-and post-retirement survivor (death) pension generated by the Canada Pension Plan (CPP) was equivalent to an income replacement rate of 15 per cent at the average industrial wage in 1986.¹⁰ In terms of maintaining a survivors or families continuity of income, this can hardly be viewed as being overly generous, particularly in view of the limited amount of replacement income generated from alternative sources.

This information suggests that survivor benefits under the CPP must be related to some standard of adequacy, as well as being designed to conform to evolving demographic and labour force trends.

3. Maximizing Choices for Income Security and Survivor Benefits

In June 1984 the National Advisory Council on Aging launched "Listen to Me!", an action plan to encourage senior Canadians to be more active in decision-making. "Listen to Me!" was designed to inform senior Canadians about decision-and-policy-making processes and to encourage their involvement.

Two clear and distinct messages came through at these meetings. First, the primary interest of seniors is to have financial independence in order to live autonomously in the community and in their own homes. Second, seniors want to maximize choices - that is, have options with respect to their lifestyle and those government programs which affect their well-being.

In the area of income security, seniors identified a number of concerns. Those were: the need for improved private and public pensions, including survivor benefits; recognition of the special circumstances of single elderly women and homemakers; the unfairness of the income tax system; and the lack of opportunities and incentives for seniors to supplement their retirement income.

We submit that the notion of maximizing choices and options for seniors is a valid consideration with respect to redesigning the structure and benefit formula for CPP survivor benefits.

The consultation paper on CPP survivor benefits, while proposing two forms of survivor benefits over a transitional period for those over the age of 35, however recommends only one form of pre-retirement survivor's (death) benefit for those under age 35. In the future, people will have only one form of survivor benefit available to them. Similarly, only one option is proposed with respect to the post-retirement survivor's (death) benefit.

This lack of alternatives is at considerable variance with the desire of seniors to maximize choices and options.

We suggest that the principle of consumer sovereignty can and should be applied to income security programming with respect to the provision of survivor benefits under the Canada Pension Plan. In short, we recommend that a

number of alternative cost neutral survivor benefit options be made available so as to maximize the consumer sovereignty and social welfare of survivors' and/or their families'.

4. Evaluation Criteria for Survivor Benefits

In order to assess and compare the current and proposed CPP survivor benefits, the National Advisory Council on Aging elaborated four evaluation criteria which would ensure adequate survivor benefits under the Canada Pension Plan. They are:

Adequacy

Benefits must be sufficient in order to permit survivors and/or families to maintain a continuity of income so that they do not suffer a significant decline in their standard of living in the event of the death of a wage-earner. Benefit structures must be designed to correspond to a person's position in the lifecycle..

Equity

Survivor benefits must be equitable. Benefit formulas must be fair. Present and future CPP survivors should not be left worse off after the restructuring of survivor benefits than before the changes.

Non-Discriminatory

There should be no discriminatory provisions. The system should treat men and women on an equal basis.

Flexibility

Survivor benefits should be designed to reflect current demographic and labour force patterns, while providing survivors and families with program options to meet their personal needs.

5. Comparison of Proposed and Current CPP Survivor Benefits

The current and proposed CPP survivor benefits are compared in Figure I with respect to pre-and-post-retirement survivor (death) benefits.

6. Assessment of Existing and Proposed CPP Survivor Benefits

An assessment of the existing and the proposed CPP survivor benefit structure and formula is summarized in Figure II.

Based on this analysis, the existing CPP survivor benefit was rated positively with respect to two assessment criteria and negatively in two categories. The CPP survivor benefit proposed in the consultation paper was assessed as being positive in only one evaluation criteria and negative in three others.

FIGURE I

Comparison of Current and Proposed CPP Survivor Benefits

Pre-Retirement

Current

1. Benefits to surviving spouses under age 65 at the time of the contributor's death
Benefit calculation
 - o flat-rate \$94.79 per month (1987) plus 37.5% of deceased contributor's calculated retirement pension
 - o reduced by 1/120th for each month the survivor is under age 45
 - o minimum benefit: \$0 if survivor is age 35 or younger, is not disabled or has no dependent child
 - o maximum benefit: \$290.36 per month in 1987
 - o total combined benefit subject to limits if surviving spouse receives a CPP disability or a CPP retirement pension.
- Duration
 - o until age 65 or death of surviving spouse, recalculated at age 65

Post-Retirement

Current

2. Benefits to surviving spouses at least age 65
Benefit calculation
 - o 60% of deceased spouse's calculated retirement pension
 - o if surviving spouse is in receipt of a CPP retirement pension, the total survivor/retirement pension cannot exceed a maximum retirement pension payable at age 65 (unless the retirement pension is actuarially increased for deferred retirement)
 - o survivor pension only, maximum \$312.91 per month in 1987
 - o survivor/retirement pension, maximum \$521.52 per month in 1987

Proposed

1. Benefits to surviving spouses under age 65 at the time of the contributor's death
Benefit calculation
 - o 40% of deceased spouse's average insured earnings
 - o not less than 40% of maximum benefit
 - o minimum benefit: \$333.77 per month in 1987
 - o maximum benefit: \$834.43 per month in 1987
 - o total amount subject to maximum benefit limits if surviving spouse also receives an early CPP retirement pension. No limit to the amount of benefits if surviving spouse receives a CPP disability pension.
- Duration
 - o full benefit for 3 years or until youngest child is age 7
 - o phase-out over 2 years: 2/3 of full benefit in first phase-out year; 1/3 in second phase-out year

Proposed

2. Transfer of credits to all surviving spouses - Including those over 65
 - o transfer effected at the time of the death of the contributor
 - o 60% of credits earned by the deceased contributor during each year of marriage or cohabitation
 - o surviving spouse's total credits (own plus transferred) cannot exceed maximum pensionable earnings for any year
3. Effect of transfer of credits on benefits
 - o establishes or increases entitlements to CPP retirement, disability and survivor benefits.
 - Benefit calculation (survivor's retirement pension)
 - o based on total pensionable earnings of the survivor including transferred credits
 - o additional retirement pension due to transferred credits only, maximum \$312.91 per month in 1987
 - o maximum retirement pension based on transferred and own credits, \$521.52 per month in 1987

Figure II
Assessment of Existing and Proposed
CPP Survivor Benefits by
Evaluation Criteria

Evaluation Criteria and <u>Survivor Benefit Option</u>		<u>Assessment of Option</u>	
		<u>Positive</u>	<u>Negative</u>
1. Adequacy			
	Existing		X
	Proposed		X
2. Equity			
	Existing	X	
	Proposed		X
3. Non-Discriminatory			
	Existing	X	
	Proposed	X	
4. Flexibility			
	Existing		X
	Proposed		X

In our view, both the existing and proposed CPP survivor benefits are negatively assessed in terms of benefit adequacy and program flexibility. It may also be suggested that the existing CPP survivor benefit is more equitable in some respects than that proposed in the consultation paper.

Here, we wish to identify and briefly elaborate upon our key reservations with respect to the CPP survivor benefit proposed in the consultation paper.

First, there is a lack of flexibility and design feature options in respect of pre-retirement survivor (death) benefits (for those under age 65) and post-retirement survivor (death) benefits for those over the age of 65.

Modern employee benefit design theory recognizes the desirability of "customizing" income maintenance programs to meet the particular needs of individuals and families. Thus, program design features should be as flexible as possible in order to maximize the effectiveness of the benefit for plan beneficiaries.

Offering spouses and families cost neutral survivor benefit options based on actuarial present value (the "actuarial equivalent") has been common practice in the private pension industry for many years. Providing "customized" CPP survivor benefit options would allow people to exercise their consumer preferences in order to satisfy their particular individual and family requirements.

Second, the proposed transitional survivor benefit with its enhanced short-term provisions replacing the current pre-retirement survivor benefit for those under the age of 65, while intended as a response to evolving labour force participation rates among women and their increasing independence in the labour market, is not without its problems.

The short-term transitional benefit (3 years at full benefits plus 2 years at scaled-down rates) is obviously intended to assist young survivors to adapt to their new circumstances by allowing them a period of personal adjustment and an opportunity for manpower retraining so as to be able to enter the labour market.

In our view, however, the short-term transitional benefit proposed in the consultation paper, despite its higher level of benefits, will negatively impact upon older women between the ages of 45 and 65. Older women will be adversely affected by the proposed transitional benefit because of:

- o the systemic discrimination faced by older workers in re-entering the labour force; and
- o the low probability of remarriage by older women.

These suggest that some women may need the existing CPP survivors pension for those under the age of 65.

While the proposed transitional survivor benefit may be beneficial to some spouses and families, clearly it will not be adequate in all circumstances and for all people.

Therefore, in our view, a person should have available a series of pre-retirement survivor (death) options from which to choose in order to tailor the benefit to his or her particular needs.

Third, as is clearly recognized in the discussion paper, those over the age of 65 would generally receive a survivor's benefit which is lower than that currently provided for under the CPP.

The proposal to phase-out the existing post-retirement survivor (death) benefit for those over the age of 65 and replace it with a transfer of CPP credits at the time of a contributors death would generally result in a lower benefit to survivors because the benefit formula is computed on the basis of 60 per cent of the deceased contributors credits (defined as the period of cohabitation or marriage), rather than 60 per cent of the deceased contributors total accrued retirement pension.

Since forty per cent of all marriages in Canada currently end in divorce, such a proposal has clear negative implications - especially for a second spouse. While this proposal would result in eliminating a "windfall" survivor benefit for the second spouse, it would also, depending on the number of years of marriage and/or cohabitation, quite possibly generate a lower benefit for the surviving second spouse.

On this subject the consultation paper explicitly stated, "Because the transfer of credits would be limited to the period of cohabitation, CPP benefits provided to survivors over age 65 could be less than those provided under the current structure.¹¹ Furthermore, "the long run reduction in costs would be associated with lower total expenditures paid to survivors over the age of 65."¹²

This situation is contrary to our adequacy evaluation criteria in at least two ways. First, the discussion paper's proposal to eliminate the distinct post-retirement survivor benefit for those over the age of 65 would adversely effect benefit adequacy for second spouses. Second, this in turn would be at variance with the notion that no individual or category of people (such as second spouses) should be left in a worse position after the implementation of the proposed survivor benefits than before their introduction.

This suggests, in our opinion, that post-retirement survivor (death) benefits, like pre-retirement survivor benefits, should be designed to maximize choices for survivors in order to accommodate differing circumstances.

It may therefore be desirable to reconsider and expand upon the policy options outlined in the consultation paper.

7. Conclusions and Recommendations

The National Advisory Council on Aging commends the Department of National Health and Welfare for the

initiative and considerable technical effort required to redesign the survivor benefits under the Canada Pension Plan in the interest of plan beneficiaries.

The National Advisory Council on Aging while endorsing the general thrust of the discussion paper in principle, however, suggests that the following recommendations and options be implemented based on our evaluation criteria.

General

1. The proposed increased Children's Benefits should be implemented immediately in accordance with the discussion paper.
2. The adequacy of CPP survivor benefits should be studied further.
3. The structure and design of CPP survivor benefits should be reviewed at least every 5 years to ensure that they correspond to demographic and labour force participation trends.
4. A variety of pre-and post-retirement options should be made available to survivors and families. These options are outlined below.

Options for Pre-Retirement Survivor (Death) Benefit for Those Under 65

1. Retention of the existing pre-retirement survivor benefit for those under age 65 who choose to exercise this option.

2. Implementation of the discussion paper's proposed short-term (five year) transitional benefit as an option.
3. In addition, survivor options based on an actuarial equivalent benefit for a ten and fifteen year period should be made available to survivors and families.

Options for Post-Retirement Survivor (Death) Benefit for Those Over 65

1. Retention of the existent post-retirement survivor benefit for those over the age 65 who wish to exercise this option.
2. Implementation, as an option, of the discussion paper's proposal for a transfer of CPP credits to the spouse on the death of a contributor.

It is the considered opinion of the National Advisory Council on Aging, that government can best maximize the social welfare and consumer sovereignty of survivors and families of CPP contributors by providing them with options which correspond to their diversified circumstances.

Footnotes

1. Canada Pension Plan Advisory, Canada Pension Plan Benefits for Surviving Spouses Under the Age of 65. Majority and Minority Reports to the Minister of National Health and Welfare (Ottawa: Health and Welfare Canada, May 1985).
2. Government of Canada, Fact Book on Aging in Canada (Ottawa: Minister of Supply and Services, 1983), p. 14.
3. *ibid*, p. 20.
4. Minister of National Health and Welfare, Survivor Benefits Under The Canada Pension Plan - Consultation Paper (Ottawa: Ministry of Supply and Services Canada, September 1987), p. 11.
5. Statistics Canada, Pension Plans in Canada 1984 (Ottawa: Minister of Supply and Services, 1986), Text Table D, p. 13.
6. *ibid*, Table 24, p. 85 and Table 25, p. 86.
7. Canadian Life and Health Insurance Association Inc., Canadian Life and Health Insurance Facts (Toronto: CLHIA, 1986), Table, p. 11.
8. Calculated by cross-tabulating Statistics Canada data to *ibid*.
9. Canadian Life and Health Insurance Association Inc., *op. cit*.

10. The maximum benefits under the CPP as of March 1986 were an annual survivors benefit of \$3,276 for a person under the age of 65 and an annualized benefit of \$3,504 for those over the age of 65. These benefit levels are related to the March 1986 average industrial wage of \$22,485 (\$10.81 per hour) in order to determine the income replacement rate.
11. Survivor Benefits Under the Canada Pension Plan - Consultation Paper, op. cit. p. 23.
12. *ibid*, p. 59.

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Vol. 1, No. 1\88

As a result of your many requests, NACA has decided to publish a Newsbulletin to keep you up-to-date on our activities and interests. This new bulletin will be published 3 or 4 times a year and will be mailed with Expression or InfoAge. NACA hopes all of you enjoy this first issue.

APPOINTMENTS

Five members were recently appointed to the Council. They are: Mary A. Hill of British Columbia, Noella Porter of Quebec, Tina Donald of Prince Edward Island, Jake Suderman of Manitoba and Frank Appleby of Alberta. Members are appointed for a two or three year term.

IN MEMORIAM

Thelma R. Scambler, NACA's member from Alberta, has succumbed to a long illness on October 24, 1988. Thelma had a long and active career in gerontology. In recognition of her efforts the **Thelma R. Scambler Scholarship in Gerontology** was established at the University of Alberta. Thelma also received the Achievement Award of the Government of Alberta and an Honorary Degree of Doctor of Laws from the University of Alberta. She was recently named to the Order of Canada. Thelma will be sadly missed at NACA. To the Scambler family and friends, NACA extends its sincere sympathies.

LIAISON ACTIVITIES

Members are giving high priority to their networking and liaison activities in their own regions. Most members have spoken at annual meetings of seniors service groups over the summer and fall.

On October 17-20, NACA participated in the National Conference "Options: Housing for Older Canadians". Canada Mortgage and Housing Corporation (CMHC) convened the conference in Halifax, N.S.

NACA participated in the 1988 Canadian Association of



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Gerontology's Scientific and Educational Meeting, October 20-23, also in Halifax. The Council organized a symposium on "Innovative Models of Support Services in Canada", that highlighted the results and accomplishments of six successful models of local support services for seniors. NACA also hosted a reception for representatives of seniors' organizations that share similar concerns. More than 100 persons attended.

BRIEFS, ADVICE AND PUBLICATIONS

During the last year, NACA prepared the following papers: NACA's Position on Long-term Care; Canada Pension Plan's Survivor Benefits; NACA's Philosophy on Technology for an Aging Population; and Adapting to an Aging Population through Education.

In cooperation with Statistics Canada, the publication InfoAge was inaugurated this summer. It features statistics on aging-related issues.

A reprint of the document Housing an Aging Population: Guidelines for Development and Design, was made possible, thanks to the financial assistance of CMHC.

ISSUES OF CONCERN

Of special current interest to Council is the question of "Barriers to Independent Living". As a result of a ministerial request to study this issue, NACA developed a multi-faceted project, including a literature review, a consultation with seniors and service providers, and of course members' considered views. The results of this research will be reviewed at Council's meeting in January 1989. The final report will be available late winter.

A Geriatric Assessment Workshop, sponsored by the Health Services and Promotion Branch, Department of National Health and Welfare and NACA was held in Ottawa on September 25-26. The papers presented at this workshop will be published as part of NACA's Writings in Gerontology series.

SHARING COMMON GROUNDS

The Council welcomes your thoughts and ideas. We also welcome invitations to attend your organization's special events; this enables us to keep abreast of current concerns. If you feel you have issues you would like to see Council address in the future, please write to us. Only in sharing thoughts and ideas can we achieve a common goal.

For further information:

Louise Traversy, Communications Officer, (613) 957-1972

MEMBERS OF THE
NATIONAL ADVISORY COUNCIL ON AGING

President

Matthews, Charlotte

Sarnia, Ontario

Members

Aldred, Joel W.
Appleby, Frank
Briggs, Lila
Capobianco, Antonio
Desai, Kappu
Donald, Tina

Port Perry, Ontario
Athabasca, Alberta
Sydney Mines, Nova Scotia
Montreal, Quebec
Don Mills, Ontario
Summerside, Prince Edward
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Gegan, Barbara
Hill, Mary
McKillop, Madge
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Smoler, William
Sparkes, Grace
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Tassé, Yvon-R.
Wigdor, Blossom T.

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Saskatoon, Saskatchewan
Sainte-Foy, Quebec
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Whitehorse, Yukon
St-John's, Newfoundland
Winnipeg, Manitoba
Sillery, Quebec
Toronto, Ontario

Members may be contacted through:

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1988-01E

NACA PUBLISHES A DOCUMENT ON HOUSING DESIGN FOR THE AGED

OTTAWA, April 19, 1988 - The National Advisory Council on Aging is pleased to announce the launching of the publication Housing an Aging Population: Guidelines for Development and Design which is a joint project with the Canada Mortgage and Housing Corporation and the Canadian Housing Design Council.

In response to the growing expectations of seniors for better housing, this document promotes an improved range of options that are appropriate and well-designed, affordable and marketable. Both existing and future housing types are considered, from single-family homes to multiple unit dwellings.

The report begins by examining the characteristics of Canada's senior population and the kinds of housing choices available. The process of developing a housing project is then outlined including the decision-making stages and the interplay of design, regulations and financing. Finally, a Design Workbook sets out architectural guidelines.

Throughout the document, the housing process is examined from a senior's point of view. This will permit architects, town planners and policy developers to tailor their work more effectively to the requirements of the senior population. It will also enable individuals, wishing to remodel their homes or considering a move to a different living situation, to make informed choices.

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For more information,
please contact: Francine Beauregard (613)957-1971 or
NACA at (613) 957-1968.

Aussi disponible en français



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March 1988

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Francoeur, Louise	Beaumont, Quebec
Gregan, Barbara	Fredericton, New Brunswick
McKillop, Madge	Saskatoon, Saskatchewan
Murphy, Joseph	Parkdale, Prince Edward Island
Scambler, Thelma	Edmonton, Alberta
Slater, Edward	Manotick, Ontario
Smoler, William	Whitehorse, Yukon
Sparkes, Grace	St-John's, Newfoundland
Tassé, Yvon-R.	Sillery, Quebec
Wigdor, Blossom T.	Toronto, Ontario

Appointments pending in British Columbia
Manitoba
Nova Scotia
Quebec

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Federal Government to Support Independence for Seniors

On February 9, 1988, the Minister of National Health and Welfare, the Honourable Jake Epp, announced that the federal government will spend on average an additional \$30 million annually on contributions to help improve the quality of life for seniors in Canada.

These initiatives for seniors have been developed in consultation with the Minister of State for Seniors, the Honourable George Hees and on the advice of the National Advisory Council on Aging.

The elements of the Seniors Initiative are as follows:

■ Seniors Independence Program

This new initiative will provide funding for projects aimed at improving the independence of Canadian seniors. Priority for funding will be given to community groups comprised mainly of seniors, or which actively involve seniors, and to those projects that address the needs of special target groups such as older women and those in rural and remote areas. Twenty million dollars will be committed to the program annually.

■ New Horizons Program

This well-established funding program for seniors will be allocated additional resources, bringing its total budget up to \$15 million annually by 1989/90. This will provide increased opportunities for older, retired Canadians to plan, operate and participate in meaningful activities of their own choosing.

■ Research Fund: Diseases Affecting Seniors' Independence

This is a new program which will initially focus on two especially significant diseases affecting seniors independence: Alzheimer's Disease and other dementias, and Osteoporosis. On average, \$4 million will be committed to the program annually.

■ National Advisory Council on Aging

The Council will receive an increase in its operating budget to expand its policy advice and research activities.

A Seniors Secretariat will also be established within Health and Welfare Canada to serve as a focal point and provide support to the Minister of State for Seniors. The Secretariat will also be responsible for conducting a communications program to ensure seniors are kept informed of federal programs and services of benefit to them and to heighten public awareness of seniors issues.

Seniors Secretariat,
10th Floor,
Jeanne Mance Building,
Ottawa, Ontario,
K1A 0K9,
telephone: (613) 954-8599

Le gouvernement fédéral favorise l'autonomie des aîné(e)s

Le 9 février 1988, le ministre de la Santé nationale et du Bien-être social, M. Jake Epp, a annoncé que le gouvernement fédéral dépensera en moyenne 30 millions de dollars de plus par année pour mettre en oeuvre un programme, dont le but est d'aider à améliorer la qualité de vie des aîné(e)s au Canada.

Ces initiatives ont été élaborées avec l'avis du ministre d'État pour le troisième âge, l'honorable George Hees et sur les conseils du Conseil consultatif national sur le troisième âge.

Voici les éléments de ce programme :

■ Programme d'aide à l'autonomie des aîné(e)s

Cette nouvelle initiative permettra de subventionner des projets visant à améliorer la qualité de vie et l'autonomie des Canadiens du troisième âge. La priorité sera accordée aux groupes communautaires constitués principalement d'aîné(e)s activement impliqué(e)s et aux projets destinés à répondre aux besoins de groupes cibles comme les femmes plus âgées et celles qui habitent dans des régions rurales ou éloignées. Un montant de 20 millions de dollars y sera versé tous les ans.

■ Programme Nouveaux Horizons

Des ressources supplémentaires seront affectées à ce programme de financement bien établi destiné aux aîné(e)s, de manière à porter le budget total à 15 millions de dollars par année en 1989-1990. Cela assurera aux retraités canadiens âgés des possibilités accrues d'organiser et de mener des activités valables qu'ils auront eux-mêmes choisies.

■ Caisse de recherche : affections qui entravent l'autonomie des aîné(e)s

Il s'agit d'un nouveau programme qui portera d'abord sur deux affections particulièrement importantes qui entravent l'autonomie des aîné(e)s, la maladie d'Alzheimer et autres formes de démence, et l'ostéoporose. Un montant de quatre millions de dollars en moyenne sera affecté au programme tous les ans.

■ Conseil consultatif national sur le troisième âge

Le budget de fonctionnement du Conseil sera augmenté pour permettre à celui-ci d'étendre ses activités en matière de politique générale et de recherche.

Un Secrétariat du troisième âge sera également établi dans le ministère de la Santé nationale et du Bien-être social pour servir de point de convergence et soutenir le ministre d'État pour le troisième âge. Le Secrétariat sera aussi chargé de mener un programme de communications pour garantir que les aîné(e)s sont tenu(e)s au courant des programmes et des services que le gouvernement fédéral met en oeuvre à leur intention et sensibiliser davantage le public aux problèmes du troisième âge.

Secrétariat du troisième âge,
10^e étage, immeuble Jeanne Mance,
Ottawa (Ontario) K1A 0K9,
tel : (613) 954-8599

A NEW PUBLICATION/UNE NOUVELLE PUBLICATION

HOUSING CHOICES FOR OLDER CANADIANS

"Housing Choices for Older Canadians" is a new Canada Mortgage and Housing Corporation publication aimed at increasing public awareness of the range and types of accommodation options that are, or could be, available to older Canadians.

The booklet describes many different forms of accommodation, including several, such as garden suites, accessory apartments, congregate housing and life-care communities, that are not yet widely available in Canada. New forms of tenure, including life-leases and shared-equity leases are also discussed.

Bilingual 32 pages, 47 photographs, Free.

Available from local offices of CMHC or National Office, 682 Montreal Road, Ottawa, Canada, K1A 0P7. When requesting a copy, please quote NHA 6009.

UN CHOIX DE LOGEMENTS POUR LES CANADIENS ÂGÉS

Le but premier de cette nouvelle brochure publiée par la Société canadienne d'hypothèques et de logement est de mieux faire connaître au public le large éventail des possibilités de logement qui s'offrent, ou pourraient s'offrir, aux Canadiens âgés.

La présente brochure donne un aperçu des diverses formes d'habitation qui s'offrent aux Canadiens bien que plusieurs de ces solutions ne sont pas encore très répandues dans notre pays. Il s'agit du pavillon-jardin (ou jardin-volant), de l'appartement accessoire, du logement foyer et de la communauté fournissant des soins à vie. Les nouveaux statuts d'occupation discutés dans cette publication sont la location viagère et le bail avec participation.

Publication bilingue gratuite. 32 pages et 47 photographies.

Pour vous en procurer des exemplaires veuillez vous adresser à votre bureau local de la SCHL ou encore à son Bureau national au 682, chemin de Montréal, Ottawa, Ontario, Canada, K1A 0P7. Lorsque vous placerez votre commande, n'oubliez pas d'inscrire le numéro LNH 6009 de la publication.

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NACA'S POSITION ON LONG TERM CARE:

Brief presented before the Federal\Provincial\Territorial
Subcommittee on Long Term Care



Barbara Gregan, Member for New Brunswick

Susan Fletcher, Director

Judith Stryckman, Research Consultant

April 13, 1988

* Également disponible en français



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NACA'S POSITION ON LONG-TERM CARE

NATIONAL ADVISORY COUNCIL ON AGING: What it is and what it is doing.

The National Advisory Council on Aging (NACA) was created, by a federal Order in Council on May 1, 1980. NACA has 18 members from all parts of Canada who are appointed because of their expertise, interest and involvement with older persons. Its mandate is to assist and advise the Minister of National Health and Welfare on all matters concerning the quality of life of Canada's senior citizens.

With the recent appointment of a Minister of State for Seniors, older Canadians now have two federal Ministers who are attentive to their concerns. NACA works closely with both Ministers.

Specifically NACA researches the needs and problems of seniors and recommends remedial action; liaises with national, provincial and local associations, institutions and groups involved in aging or representing seniors; helps in the diffusion of information; publishes reports and stimulates public discussion on aging.

The federal government may ask for NACA's opinion or NACA may identify an issue and make its views known.

Since it was formed, NACA has advised the federal government on a variety of issues from the need for more community support services to the proposed restructuring of the CPP survivor benefits. NACA provides this advice in meetings and through letters and briefs.

Currently NACA has chosen two issues to address on a priority basis: independent living for seniors and education in gerontology.

In response to Canadian seniors' expressed desire to continue living in their own communities as long as possible, NACA is studying the barriers to independent living faced by seniors. By consulting with seniors and their families, professionals and service deliverers, NACA is assessing the nature and scope of these barriers to independent living and identifying ways in which they can be lessened or overcome.

NACA's second major undertaking is in the field of gerontological education. We are developing materials and strategies:

- to promote awareness of the advantages of lifelong learning and its benefits to the individual and society as a whole;
- to encourage gerontological content in initial and on-

going training of professionals who are working with seniors;

- to include gerontological content in the curricula of all disciplines having a human science component; and
- to promote awareness in all sectors of Canadian society of the implications of an aging Canadian population.

NACA'S PERCEPTION OF LONG-TERM CARE

Given these two priority issues NACA has chosen to address, I am particularly grateful for the opportunity to come before you this morning to present NACA's position on this issue. In both of our current projects the question of long-term care, both community-based and institutional, is very much at the forefront.

I want to begin by explaining NACA'S perception of Long-Term care. Long-Term Care attempts to improve, maintain or reduce the decline of the functional capacities of individuals who are at risk of losing or who have lost a degree of autonomy. It involves the coordinated delivery of a set of health, psycho-social or other services that aim at supporting or maintaining individuals in the least restrictive environment possible so that they continue to live as independently as possible for as long as it is reasonable to do so.

NACA'S RECOMMENDATIONS ON LONG-TERM CARE DELIVERY

It is clear that many of the difficulties that seniors encounter in maintaining their independence are related to the issue of Long-Term Care. One need only think of the general accessibility of services and the orientation of seniors within the service system. NACA feels very strongly that a **Single-Point Entry System** in which seniors have a one contact point through which they can access a wide span of services.

I have often been overwhelmed by the multitude (meals-on-wheels, adult day care, Red Cross friendly visitors and/or homemakers, VON or public health nurses, to only name a few) of care-providers who "descend" upon seniors who want to stay in their own homes. Often from one week to the next a different person comes to the door, which adds to the confusion of the senior. Each individual agency must do their own assessment before providing service and have their own criteria for providing services and payment.

Sometimes seniors are inappropriately oriented toward hospital services which increases their dependency, puts pressure on the hospital services and encourages family members to turn

too soon toward the long-term institutional solution.

When a chronic patient repeatedly comes to the emergency room it is just as important to investigate the recent modifications in his living environment as to analyze the evolution of the pathology. Often the repeated visits are the sign of a lack of balance between the patient's needs and the capacities of his environment to support him. His recuperation might be very rapid in the hospital but his anxiety will reappear as soon as his departure is planned. A real continuity of services and a global approach, in particular from a bio-social perspective, are indicators of quality care for chronic patients.

We need to look at the viability of current care management approaches, including **case management**, in the "revolving doors" of the service delivery system. **Individualized care plans**, emphasizing recuperation and maximal use of residual capacities, should be developed by a **multidisciplinary team** with input from professionals that have excellent initial as well as on-going training in the area of gerontology. The team should include physicians, nurses, social workers, occupational therapists and physiotherapists as well as the senior and his or her family, according to the expertise and involvement of each one. The importance of teamwork in both an institutional or community-based setting is essential in long-term care. It is especially important to assure:

- o similar philosophies and goals among the agencies the professionals represent
- o compatible standards
- o and a spirit of cooperation and understanding between professionals in the formal care network as well as between the formal care network and the informal network.

As a result of ongoing **evaluation**, the care recipient should be able to move between higher and lower levels of care according to identified needs. This presupposes a high degree of coordination between all levels of service, which would solve many of the problems existing between already established services.

NACA feels strongly that seniors and their families should be well-informed of the **range of services** available and of their right to choose between them. Respecting them as full partners in the care system will lead us to see the informal and the formal system as complementary, neither in competition nor replacing one another. Research has shown that if more funds are given to formal home care, the informal network will be encouraged to

contribute even more and its energies will not be exhausted so completely or so quickly. This is also true for the volunteer sector who are increasingly called upon to provide services without the proper support.

NACA'S MODEL OF LONG-TERM CARE

In NACA's view a model Long-Term Care system would include:

- o an initial and on-going global assessment (carried out by an appropriately trained individual), which includes the evaluation of physical, psychological and cognitive abilities as well as of the social context of the individual, preferably in their own home;
- o medical care provided by a physician trained in geriatric medicine and willing to do home visits;
- o community support services for seniors and their caregivers, that include visiting home nurses, social workers, dieticians, rehabilitation therapists, yard and home maintenance, meal service, adult day care, senior centers and clubs, respite services, friendly visitors;
- o a wide range of residential or care options including home-sharing, group homes, supervised apartments, special-care homes, homes for the aged, nursing homes, chronic care hospitals, extended care units, special units for dementia patients;
- o communication supports, such as special aids to the hearing impaired, telephone reassurance, emergency surveillance systems, neighbourhood watch and postal vigilance service;
- o transportation services that are accessible, convenient and readily available to both mobile and handicapped;
- o a living environment that is safe and secure, including streets and sidewalks that are well-maintained and free of obstructions, homes without architectural barriers;
- o an educational system that promotes positive attitudes towards aging, allowing seniors to maintain their positive self-image and maximum control over their own lives, including the possibility of living "at risk."

I am reminded here of the amusing cartoon by Missinne and Fisher in which an elderly couple is depicted, having been miniaturized, and placed in a bottle on a mantelpiece. Their

son's face is drawn smiling benevolently and saying "You earned this Mom and Dad - now relax and enjoy yourself."

All these elements that we have identified as part of an ideal Long-Term Care system, should include an evaluation component using guidelines based on national standards. We must provide excellent care both in institutions and in the community if we expect our seniors whose autonomy is reduced, and their family members, to have confidence in the expanded Long-Term Care system we have been talking about. We must be open and willing to evaluate our systems based on the input from the seniors and their families and to react in a timely fashion to their needs.

Financial evaluation is also essential to assure that resources are being used in the most appropriate fashion and that seniors are receiving care based on identified needs and not in excess of what is required.

SUMMARY

In closing, NACA would like to reiterate its basic position.

The elderly population is a very heterogeneous group. Their needs are not the same. In addition every individual's needs fluctuate over time. It is essential that any service delivery system take this into account and provide:

- o Wide range of services;
- o Single-point entry system;
- o Multidisciplinary assessment;
- o Evaluation.

Seniors have met many challenges during their life span. The challenge is ours now to develop a more advanced and far-reaching Long-Term Care System that will allow seniors to maintain their established way of independent living. Remember the systems you and I design today will be used by us in the future.

THE MEASURE YOU USE FOR OTHERS IS THE ONE THAT WILL BE USED FOR YOU!

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Date: April 30, 1990

1990-01E

For Release: Upon receipt

Re: The NACA Position on Community Services in Health Care for Seniors

The National Advisory Council on Aging (NACA) is releasing today The NACA Position on Community Services in Health Care for Seniors.

The Council's position is based on a philosophy of health viewed in a global perspective and on an understanding of the importance of independence and health in senior's quality of life. Newly-appointed Chairperson Blossom Wigdor stated: "Community services must become equal partners in health care not just fall-back services to avoid deficits. Indeed, community services in the context of community development can play a major role in achieving health for all of Canada's seniors." The report addresses questions concerning community, and therefore seniors', involvement in the determination of health care needs and the management of services, the organization of health care delivery, the co-ordination of services and the more balanced sharing of resources.

With the aging of the Canadian population, Canada's approach to the health care system now in place has to be widened so that future health needs of older Canadians can be effectively addressed.

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For more information: Louise Traversy
Communications Officer



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NACA WANTS TO HELP THOSE WHO HELP SENIORS

1990-03E

OTTAWA, September 13, 1990 - "I haven't had a good night's sleep since my husband was diagnosed with Alzheimer's disease. I tie his foot to mine to prevent him from wandering," says one. "I have no sick leave left at work because I spend it all when I bring my mother to the doctor's," says another. "I used all my savings to pay for my father's homemaking services," says a third.

These are the kinds of problem the National Advisory Council on Aging (NACA) wants to address as it releases its position paper on informal caregiving today.

In The NACA Position, Informal Caregiving: Support and Enhancement, the Council recommends, for example, that the importance of informal caregivers be recognized regarding seniors' health care and autonomy. It examines the caregivers' situation whose daily lives are often restricted to a considerable extent, even though they freely volunteer their help.

To support caregivers in their effort, the Council recommends practical solutions, such as better co-operation between formal and informal caregivers and the implementation of a refundable tax credit to offset the expense of informal caregiving. It also urges

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employers to recognize the caregiving responsibilities of employees with regard to all family members who are in need of special care or support, including seniors.

NACA celebrates its 10th anniversary this year. It is directly responsible to the Minister of National Health and Welfare and advises, as well, the Minister of State for Seniors.

Information: Renée Blanchet
Communications Officer

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1990-07-E

NEW CHAIRPERSON APPOINTED AT NACA

The Honourable Perrin Beatty, Minister of National Health and Welfare, announced on Thursday, March 15, 1990, the appointment of Dr. Blossom Wigdor to the position of Chairperson of the National Advisory Council on Aging (NACA).

As a member for Ontario since February 1988, Dr. Wigdor knows Council well and is very qualified to lead NACA into its second decade.

Dr. Wigdor is a psychologist and gerontologist. She is currently Director of the Centre for Studies of Aging at the University of Toronto and Professor in both the departments of Psychology and Behavioral Science. She is Vice-Chairman and Member of the Board of Directors of the Gerontology Research Council of Ontario, Chairman of the Committee of Mental Health and Aging of the Canadian Mental Health Association and a founding member of the Canadian Association of Gerontology.

Dr. Wigdor has also served as Editor-in-Chief of the Canadian Journal on Aging. She edited the successful guide Planning your Retirement and co-authored with Dr. David Foot The Over-Forty Society: Issues for Canada's Aging Population. Dr. Wigdor received the Order-of-Canada in 1989 for her outstanding contributions to the field of gerontology.

NACA members and staff welcome her in her new role and invite you to communicate with her your concerns about aging and Canadian seniors.

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NOUVELLE PRESIDENTE NOMMEE AU CCNTA

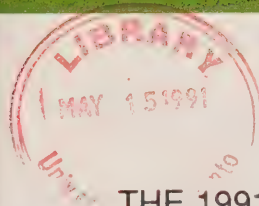
L'honorable Perrin Beatty, ministre de la Santé nationale et du Bien-être social, a annoncé jeudi le 15 mars 1990 la nomination de Madame Blossom Wigdor comme présidente du Conseil consultatif national sur le troisième âge (CCNTA).

Membre ontarienne du Conseil depuis février 1988, Madame Wigdor en connaît bien les rouages et est très qualifiée pour le guider à l'aube de sa deuxième décennie.

Madame Wigdor est psychologue et gérontologue. Elle est présentement directrice du Centre pour les études du vieillissement de l'Université de Toronto et professeure aux départements de psychologie et des sciences du comportement. Elle est vice-présidente et membre du conseil d'administration du Gerontology Research Council of Ontario, présidente du comité de la santé mentale et du vieillissement de l'Association canadienne pour la santé mentale et membre fondatrice de l'Association canadienne de gérontologie.

Madame Wigdor a aussi été rédactrice en chef de la Revue canadienne sur le vieillissement. Elle est l'éditrice du guide Planning Your Retirement et co-auteure avec M. David Foot de The Over-Forty Society: Issues for Canada's Aging Population. Madame Wigdor a reçu l'Ordre du Canada en 1989 pour sa grande contribution au domaine de la gérontologie.

Les membres du CCNTA et le personnel l'accueillent chaleureusement dans ses nouvelles fonctions et vous invitent à lui communiquer vos idées sur le vieillissement et les aînés canadiens.



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1991-01E

THE 1991 FEDERAL BUDGET: SOME POSITIVE MEASURES FOR SENIORS

OTTAWA, April 24, 1991 -- The National Advisory Council on Aging (NACA) welcomed the federal government's decision to exempt the 1.6 billion dollars for seniors' income support from its Expenditure Control Plan. Although the economic situation of most seniors has improved noticeably over the past 10 years, some seniors, especially non-married elderly women, still depend on public pensions and government transfers. NACA also endorses the insistence on provincial compliance with national health care standards.

Council was pleased with several specific budgetary measures, in particular:

- increasing the disability tax credit from \$575 to \$700
- extending medical deductions to cover up to \$5,000 of part-time attendant care expenses for non-working disabled Canadians
- allowing businesses to write off the full cost of renovations to accommodate disabled employees or clients
- allowing as tax credits some expenses that help disabled people remain independent in their homes, notably catheters, specially trained service animals for people with restricted use of arms and legs and home modifications for people with mobility restrictions.

Several of these responded to recommendations in *The NACA Position on Informal Caregiving: Support and Enhancement* (May 1990).

But, these budget measures do not go far enough. NACA believes that:

- the attendant care benefits should be extended to related as well as non-related persons because relatives are often the preferred and most frequent source of attendant care for disabled seniors



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- several other expenses should be eligible for tax credit, specifically technological devices and environmental adaptations that have been shown to improve the security and autonomy of seniors, for example, electronic monitors or alerting devices purchased as a protection in case of mishap or difficulty.

As well, NACA is concerned with four other budgetary measures and will closely monitor them. These are:

- the caps on the growth of transfer payments under the Canada Assistance Plan to provinces that do not receive equalization payments. This will make it difficult for these provinces to respond to the demands for social and welfare services in difficult economic times.
- the freeze on per capita entitlements under Established Program Financing through 1994/95. This freeze may hinder the provinces from completing reforms to their health care systems to meet the needs of an aging population or from developing new educational areas, such as post-secondary gerontological-geriatric education.
- the reductions in grants and contributions by \$75 million in 1991-92 and by \$125 million each year thereafter. These may have a negative impact on programs that have made important contributions to the well-being and independence of Canadian seniors, e.g. Seniors' Independence Research Program, Seniors' Independence Program and New Horizons.
- the decision to continue reducing Canada Mortgage and Housing Corporation funding for new social housing by 15% relative to planned levels. Although NACA agrees that housing is more suitably planned and developed at the community level, communities are not filling the housing vacuum. Although providing rent subsidies appears to be more economical than building social housing, these programs do not provide any incentive to the operators of subsidized accommodation to improve the housing available to seniors. As well, rental supplements have had an inflationary impact on housing rents where the owners have tried to profit from the financial support given to seniors. More low-cost social housing needs to be built and the federal government has a responsibility to ensure that appropriate housing policies for seniors are in place.

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NACA PRECIS (No. 1)

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The Economic Situation of Canada's Seniors

This new Council publication looks at the economic life of seniors in Canada, highlighting both their input into the country's economy--as taxpayers, volunteers or donors--and the benefits accruing to them. Topics discussed are: seniors' incomes; their assets, cost of living and lifestyles; their spending behaviours on housing, health care, transportation and recreation; and their contributions through taxes, gifts, charitable donations and unpaid work. The document closes with a discussion of what the future might hold in store.

The report contains a wealth of data. It indicates, for example, that:

- in 1988, the average annual income of families headed by a person aged 65 and over was \$37,462, but only \$16,316 for singles aged 65 and over;
- in 1986, more than one-third of seniors' incomes came from the Old Age Security and the Guaranteed Income Supplement. The Canada/Québec Pension Plan provided another 14%;
- some 43% of seniors received the Guaranteed Income Supplement in 1990, down from 53% in 1981;

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- in 1988, men aged 65 and over contributed an average of \$6,670 in federal and provincial income tax, while senior women paid \$3,346. They respectively donated \$606 and \$402 to charities;
- in 1988, seniors contributed 8% of all the personal income tax revenues collected by the federal government;
- in 1985, 15% of males and 16% of females aged 65-74 reported having done volunteer work;
- seniors spend relatively more on housing. Housing represents 24% of expenses for male seniors and 29% for female seniors, as compared to 16% for the total population;
- nutrition is also a costly budget item for seniors. Couples headed by a person aged 65 and over spend 16% on food compared to 14% for the total population.

The Economic Situation of Canada's Seniors (104 pages, 44 graphs) will be of particular interest to decision makers, people who work with and for seniors, seniors' associations and the media.

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Also published in French: *Les conditions économiques des aîné-e-s au Canada--Un précis.*

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1991-02E

THE NATIONAL ADVISORY COUNCIL ON AGING CALLS FOR A NATIONAL
AND MULTISECTORIAL POLICY ON AGING

OTTAWA, MAY 29, 1991 -- "To date, the federal government has played a leadership role in the development of income security, health, social services and housing programs for seniors across the country. Nevertheless, it must be recognized that the Canadian social support system has been the result of a balancing act attempting to ensure services while respecting provincial autonomy. This has created situations which leave room for improvement", said Blossom T. Wigdor, Chairperson of the National Advisory Council on Aging (NACA).

"What we need is a national multisectorial aging policy framework. It is important that all levels of government work together for a better coordination, harmonization and standardization of services for seniors across Canada", she said.

Blossom Wigdor was addressing her remarks to the Honourable Monique Vézina, Minister of State for Seniors, at the official launching of NACA's publication entitled *Intergovernmental Relations and the Aging of the Population: Challenges Facing Canada*.

"This study highlights the close co-operation that must exist among the various levels of government if programs and services are to be developed to meet seniors' changing needs", stated Mrs. Vézina in accepting the report on behalf of

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the government. "The analysis in this report is especially significant at a time when all Canadians are greatly concerned with the elimination of duplication, the control of expenditures and the desire for efficiency."

The publication is the result of a study undertaken by NACA on the interaction of federal, provincial and territorial programs and services for seniors. The Council has identified a number of challenges that must be addressed to meet the needs of an aging population. The report is directed to government policy makers and program planners in the hope that they may understand better the political and legislative context of services for seniors in Canada and strive for necessary changes.

NACA hopes that the document will convince all levels of government to display lucidity, flexibility and collaboration to meet the challenges.

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NACA PRÉCIS (No. 3)

May 1991

Older workers in an aging work force



In Canada, the percentage of workers aged 45 and over is currently estimated at 26.6% of the population. This figure is expected to rise to 32.8% by the year 2000, and to 39.2% by 2010. As well, over the next 20 years, it is predicted that there will be labour supply shortages in some specific occupational and geographic areas. At the same time, however, older workers in other areas will find themselves unemployed.

Issues related to the older worker are the subject of *Writing in Gerontology No. 9* published by the National Advisory Council on Aging. The author, Dr. Joseph A. Tindale of the Department of Family Studies at the University of Guelph, reviews the demographic issues and labour market trends which must be reflected in employment policy. He also:

- explores some of the factors which contribute to early retirement;
- discusses the ability and performance of an aging work force;
- identifies the innovations in employment policy which may be required to accommodate an aging work force; and
- examines the progress of federal and provincial-territorial governments to date in addressing the challenges of an aging work force.

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Dr. Tindale concludes that a wide variety of strategies and solutions will be needed to meet the challenge of an aging work force, and that the pervasive characteristic of all such endeavours must be flexibility. The co-operation of governments, private sector management and unions with respect to the needs of older workers and an aging work force is crucial, and as many options as possible will have to be provided.

Some of the programs and policies discussed are:

- forms of flexible retirement which include the reduction of the daily work schedule for older workers, the introduction of partial pensions for those who choose to work part time, and the development of job sharing programs;
- flextime to provide reduced and alternative work schedules for older workers with caregiving responsibilities;
- flexible benefits or individualized benefit structures which allow employees to compile the benefit programs most appropriate to their needs (for example, a program which would consider elder care expenses); and
- retraining programs for older workers wishing to embark on "second careers."

Older workers in an aging work force (Writing in Gerontology No. 9, 65 pages, 6 tables) will be of interest to aging workers, labour union officials, employers and employment managers, policy makers, seniors and their associations.

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Egalement disponible en français: ***Travailleuses et travailleurs âgés dans une main-d'oeuvre vieillissante.***

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NACA PRÉCIS (No. 4)

June 1991



Consumer fraud and seniors

Increasingly in recent years, the aging of the population has prompted businesses to target seniors in the marketplace. While this trend has brought the development of products and services adapted to the older consumer, it has also opened new avenues of fraud and exploitation. Educational resources and community outreach programs run by local police forces across the country have done much to raise the consumer awareness of Canadian seniors. A large number of seniors--perhaps the majority--are as well informed and as aware of their consumer rights as the rest of the population, but certain segments of the older adult population remain quite vulnerable to fraud and commercial exploitation.

This new publication from the National Advisory Council on Aging (NACA) outlines the nature and scope of the fraudulent practices encountered most frequently by seniors. It also examines the way in which seniors respond to commercial exploitation and identifies the characteristics of the vulnerable elderly.

Consumer fraud and commercial exploitation are part of a larger pattern of senior victimization which includes elder abuse and neglect. Combatting the problem requires the collaboration of seniors, caregivers, health and social service professionals, the justice system, the media, and the business



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community. NACA advocates the minimization of risk factors among the vulnerable elderly as the most effective means for addressing the problem. Accordingly, some potential strategies for action include:

- the development of consumer education campaigns in both the public and private sectors (toll-free telephone numbers, audio-visual materials, lectures to seniors' groups);
- the inclusion of consumer education as a component of literacy training programs for seniors; and
- the establishment of an adequate range of services to support seniors' independence in the community so that the most vulnerable seniors will cease to be singled out as targets for predators as they become more socially integrated and informed.

Consumer fraud and seniors (Forum Collection No. 2, 13 pages, bilingual) will be of interest to seniors and to those who provide services to them, whether informally or professionally.

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Aussi disponible en français: ***Les consommateurs âgés et la fraude.***

NACA PRÉCIS (No. 5)

[June 1991]

Mental health and aging

Mental health is more than the mere absence of mental illness. It is a condition which affects the ability of the individual to function effectively in everyday life. So long as the choices and opportunities of mid-life remain, most seniors do enjoy old age in good mental health. But problems related to emotional and mental well-being like loneliness, fear or anxiety, depression, and dementia can be significant obstacles to independent living.

This new publication is the tenth report in the *Writings in Gerontology* series of the National Advisory Council on Aging (NACA). It is a collection of seven articles designed to heighten public awareness of mental health and well-being in old age. Altogether, the articles seek to demystify mental health problems so that they may be addressed promptly and effectively, to enable seniors and those who care for them to distinguish normal reactions to life stress from abnormal or exaggerated responses, and to offer suggestions for effective coping. The topics discussed include:

- mental health and aging, by Blossom T. Wigdor, PhD, and Louise Plouffe, PhD;

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- depression, loneliness, and grief, by Philippe Cappeliez, PhD;
- confusion and dementia, by Dr. Nathan Herrmann;
- fear and anxiety, by Guillaume Pérodeau, PhD;
- alcohol use, by Brian L. Mishara, PhD;
- suicide, by Brian L. Mishara, PhD; and
- the mental health of mentally retarded and of ethnic seniors, by Louise Plouffe, PhD.

Mental health and aging (Writing in Gerontology No. 10, 110 pages, tables and figures) is addressed to seniors and the people who care about their well-being.

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